

TEAM

Total Employment And Management

422 Gateway Ave., Suite 150 * Astoria, OR 98503
 (503) 325-2553 Fax: (360) 325-2653
 1(888) 907-TEAM (8326)

- CLIENT DATA -

CLIENT'S
 NAME (Print) _____

REPORT TO _____

ADDRESS _____

CITY, STATE _____ ZIP _____

- EMPLOYEE DATA -

EMPLOYEE'S
 NAME (Print) _____

SOC. SEC. # _____ EMP # _____

I CERTIFY THE HOURS SHOWN ON THIS TIME RECORD ARE CORRECT,
 AND I PERFORMED THE SERVICE.

I understand that I am to contact the Total Employment and Management office after completing this assignment to discuss another assignment, and, if I do not do so, TEAM may assume that I am not then available for work.

EMPLOYEE'S
 SIGNATURE _____

- HOURS WORKED -

	DATE	REGULAR HOURS	OVERTIME HOURS	DAILY TOTAL HOURS
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
TOTALS				

- FOR OFFICE USE ONLY -

TO EMPLOYER:

OVERTIME POLICY FOR NON-AGRICULTURAL EMPLOYEES: Employees will be paid time and one-half for any time worked over 40 hours per week.

Client agrees that it will not employ the employee named above within six months from date on time sheet except through TEAM. If client desires to hire this person on a permanent basis, it is agreed that TEAM will be notified and the person named above will remain on TEAM's payroll for a period of 12 weeks from the date of notification. Thereafter, client will have the right to hire the employee without limitation.

We certify that the hours indicated are correct and the work performed was satisfactory.

CLIENT'S
 SIGNATURE _____ DATE _____

EMPLOYEE INFORMATION

NEVER CALL OUR CLIENT. WHEN YOU ARE LATE, IF YOU CANNOT WORK THE SCHEDULED HOURS, OR IF YOU WON'T BE ABLE TO WORK, **CALL TEAM.**

RETURN TIME CARDS

ALL TIME CARDS MUST BE TURNED IN BY EVERY MONDAY. IF YOU CANNOT BRING YOUR TIME CARD TO THE OFFICE BY 4:30 P.M. ON FRIDAYS, PUT IT IN THE MAIL SLOT IN THE DOOR, OR IT CAN BE MAILED TO OUR ADDRESS. TIME CARDS NOT TURNED IN ON TIME WILL RESULT IN LATE PAYMENT OF THOSE HOURS THE FOLLOWING PAY PERIOD. THE TIME CARD **MUST** HAVE THE CLIENT **SUPERVISOR'S SIGNATURE** AT THE BOTTOM. FALSEIFICATION OF TIME WORKED WILL BE IMMEDIATE GROUNDS FOR TERMINATION & PROSECUTION.

REPORT INJURY

IN THE UNLIKELY EVENT THAT YOU SHOULD HAVE AN ACCIDENT ON THE JOB, IT SHOULD BE REPORTED TO THE CLIENT SUPERVISOR AND TEAM IMMEDIATELY. SHOULD YOU NEED MEDICAL ATTENTION, TEAM WILL REFER YOU TO A PHYSICIAN.

ABSENCE

CALL US AT ONCE – WE WILL CONTACT THE CLIENT. IF YOU WILL BE OUT FOR A NUMBER OF DAYS IT WILL BE UP TO THE CLIENT TO DECIDE ON REPLACING YOU OR AWAIT YOUR RETURN.

OVERTIME

ALL AUTHORIZED NON-AGRICULTURAL WORK YOU PERFORM IN EXCESS OF 40 HOURS PER WEEK WILL BE AT TIME AND ONE HALF THE REGULAR RATE. YOU ARE PERMITTED TO WORK OVERTIME **ONLY** IF THE CLIENT REQUESTS AND APPROVES SUCH WORK.

FUTURE ASSIGNMENTS

IF YOU DO NOT CONTACT TEAM AFTER EACH ASSIGNMENT, TEAM WILL ASSUME YOU ARE NOT AVAILABLE FOR WORK.

CLIENT INFORMATION TERMS AND CONDITIONS

Client acknowledges that it is aware that no insurance is provided by TEAM for physical loss or damage to client's machinery, motorized vehicles (whether licensed or not), equipment or material due to the act of negligence of the employee named on the reverse side of this slip. Client acknowledges that TEAM shall not be liable for physical loss or damages to said property caused by TEAM, its agents or employees. Client assumes and accepts full responsibility for any claims of bodily injury, property damage, fire, theft, collision, cargo damage, or any other public liability damage incurred or resulting from the action or inaction of the employee named on the reverse side of this slip.

We generally accept our liabilities and guarantee coverage per our current General Comprehensive Liability policy. The GCL policy has a \$2 million umbrella for that purpose, however we would seek protection under the Safe Harbor Act for shiploading, cargo transport and maritime operations. We will not accept claims for vehicles or motorized equipment unless specifically reported to us by the client. Naturally we accept and agree to fulfill our responsibilities under the Worker's Compensation provisions.

Client agrees that it will not employ the employee named above within six months from date on time sheet except through TEAM. If client desires to hire this person on a permanent basis, it is agreed that TEAM will be notified and the person named above will remain on TEAM's payroll for a period of 12 weeks from the date of notification. Thereafter, client will have the right to hire the employee without limitation.

The customer recognizes TEAM employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with TEAM.