



TIME SHEET

Fax 303-893-2601

www.hireconnections.net • 303-893-2600

Direct Deposit

Mail Check

Pickup Check

Week Ending Date _____ (Sunday)

Client (Company) Name _____

Address _____

City _____ Phone _____

Employee Name _____

Please Round hrs to nearest 1/4 hr

Day	Date	Start	Lunch		End	Time Reg Minus Lunch	O.T. hrs	
			Start	Finish				
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Total Hours Worked							_____	

Time Sheet must be signed by supervisor

By signing this time sheet, I certify that the hours worked are correct and the said employee performed to my satisfaction. I agree to all terms & conditions listed on this time sheet:

1. Client agrees that if client hires employee within eight months of end of assignment, without agreement from Hire Connections, Client agrees to pay Hire Connections an early conversion fee of 20% of employees annual salary.
2. Client shall not entrust employee with cash, keys to office, or other valuables or authorize employee to operate machinery or drive motor vehicles. The service shall not be liable for any unlawful actions, injuries, or harm caused by said employee.
3. Client shall indemnify Hire Connections from damages, losses, costs, fines, penalties, settlement amounts and any attorney fees?
4. Hire Connections is not responsible for claims for damage to property within the employees care, custody or control.
5. Client agrees to keep all Hire Connections information regarding employee, policy and procedures confidential.

Employee Signature: _____ Client Signature: _____

Client agrees to terms of Net upon Receipt and understands that unpaid accounts will be considered in default after ten(10) days , after which a default charge will be imposed of 1 1/2 % per month o unpaid balances (18% APR) or the maximum legal interest rate, whichever is lower, Client agrees to pay the default charge together with reasonable attorneys fees for cost of collection.