

## Addison Group Timesheet

Employee Name:

**Please write your name, email address  
and/or phone number on the back of  
this timesheet before faxing**

Company Assigned To:

Week Ending Date (Saturday):

Work City:

Employee ID (optional):

Job/Placement ID (optional):

Weekday	Date	Start Work	Time Out (Lunch)	Time In (Lunch)	End Work	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Additional info:						
						<b>TOTAL HOURS:</b>

I HEREBY CERTIFY THAT THE HOURS SHOWN ABOVE WERE WORKED BY ME AND WERE CERTIFIED BY AN AUTHORIZED EMPLOYEE OF THE ABOVE NAMED COMPANY.

Please notify this office when your assignment has been completed. This information is necessary for our records and also informs us of your availability for future assignments. Failure to do so results in our assumption of your voluntary termination from APFS, LLC and may impact your eligibility for unemployment benefits.

ALTERED AND (OR) UNSIGNED TIME SHEETS WILL BE RETURNED WITHOUT A PAYCHECK. IN CASE OF ERROR, CREATE A NEW TIMESHEET.

EMPLOYEE SIGNATURE

DATE

APFS, LLC's responsibilities are to assign its qualified employees to work under the client's supervision; to pay their wages and provide the benefits that APFS, LLC offers to them (including unemployment insurance and workers' compensation); to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and other legislatively mandated charges related to them. The client's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions; and to exclude Assigned Employees from its benefit plans, policies, and practices. The client's signature on this time sheet certifies that the reported hours are complete and accurate for issuing an undisputed invoice for same hours. The client will remunerate APFS, LLC for the certified hours at the documented rates upon receipt of APFS, LLC's invoices within seven (7) business days or as previously agreed upon. If an Assigned Employee works time defined by law as overtime or premium time, the client will pay the same multiple of the regular bill rate as APFS, LLC is required to apply to the pay rate for such time. The client will not ask or permit Assigned Employee to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the prior written permissions of APFS, LLC. Neither the client nor APFS, LLC will be liable to pay or indemnify the other for any incidental, consequential, exemplary, special, punitive, or lost profit damages or expenses arising from their staffing relationship.

Non-Hire and Conversion Fees. (a) Without APFS, LLC's written consent, during the period that APFS, LLC is providing services to Client, the Client shall refrain from soliciting, hiring or accepting services or work from any person who is proposed to Client by APFS, LLC or who at any time provided services through or on behalf of APFS, LLC, except where the parties have otherwise agreed in writing or upon the payment of a conversion fee equal one percent (1%) for each \$1,000 of the converted personnel's first year gross compensation, up to a maximum percentage of twenty-five percent (25%). (b) Notwithstanding the foregoing, the conversion fee is payable if Client hires a APFS, LLC employee assigned to Client, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within one year after the last day of the assignment. Client also agrees to pay a conversion fee if APFS, LLC employee assigned to Client is hired by a subsidiary or other related company or business of as a result of APFS, LLC referral of APFS, LLC employee to that company. (c) All active agreements between APFS, LLC and Client will take precedence for non-hire and conversion fees.

AUTHORIZED SIGNATURE

DATE

COMPANY NAME

TITLE

AN "AUTHORIZED" COPY MUST BE RECEIVED BY ADDISON GROUP BY THE ESTABLISHED DEADLINE.