

Timecards to be received by deadline 10:00 am Mon.  
 Fax: 619-683-2829 or Email: [sandiego@marqueestaffing.com](mailto:sandiego@marqueestaffing.com) (SUBJECT: TIME CARD)



|                               |       |     |      |
|-------------------------------|-------|-----|------|
| WEEK ENDING:<br><b>SUNDAY</b> | MONTH | DAY | YEAR |
|-------------------------------|-------|-----|------|

| COMPANY INFORMATION |  |
|---------------------|--|
| COMPANY NAME:       |  |
| REPORT TO:          |  |

| EMPLOYEE INFORMATION |      |       |
|----------------------|------|-------|
| EMPLOYEE NAME:       | LAST | FIRST |

|                        |   |   |   |   |   |   |   |  |  |  |  |
|------------------------|---|---|---|---|---|---|---|--|--|--|--|
| SOCIAL SECURITY NUMBER | * | * | * | - | * | * | - |  |  |  |  |
|------------------------|---|---|---|---|---|---|---|--|--|--|--|

| DAY                 | DATE | START TIME | FINISH TIME | LUNCH<br>(AMOUNT OF TIME) | REG HOURS |     | OVERTIME HOURS |     | OTHER |
|---------------------|------|------------|-------------|---------------------------|-----------|-----|----------------|-----|-------|
|                     |      |            |             |                           | HRS       | MIN | HRS            | MIN |       |
| MON                 |      |            |             |                           |           |     |                |     |       |
| TUES                |      |            |             |                           |           |     |                |     |       |
| WED                 |      |            |             |                           |           |     |                |     |       |
| THUR                |      |            |             |                           |           |     |                |     |       |
| FRI                 |      |            |             |                           |           |     |                |     |       |
| SAT                 |      |            |             |                           |           |     |                |     |       |
| SUN                 |      |            |             |                           |           |     |                |     |       |
| <b>TOTAL HOURS:</b> |      |            |             |                           |           |     |                |     |       |

I have **not** been injured on this assignment.

CORRECT     INCORRECT

**EMPLOYEE AGREEMENT**

I have read and agree to the statements in the Temporary Staffing Agreement that I signed during my orientation.  
**EMPLOYEE:** Your signature certifies that you have read and agree that the hours shown are the hours worked.

X

Employee Signature

**CLIENT AGREEMENT**

(1) Being duly authorized on behalf of the undersigned Client, (I) the undersigned hereafter known as (The Client), hereby acknowledges the MARQUEE STAFFING (The Service) hereof incurs substantial recruitment, screening, administrative and other marketing expenses in connection with the temporary employee to be named and The Client agrees (a) if the Client should hire the same employee within 180 working days after said date without agreement from The Service, or (b) if the client engages another service to provide employees to Client and that other service hires such employee, The Client will pay Liquidation Damages equal to 1% per thousand if the said employee's annualized salary up to a maximum of 30% (2) Client shall not entrust The Service's employees with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without permission from The Service. (a) The Service's Insurance does not cover loss or damage caused by The Service's employee operating The Client's owned or leased motor vehicle(s), and The Client therefore accepts full responsibility for an will indemnify The Service from any and all claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of an employee operating such vehicle(s) or arising out of or involving violation of Client of Paragraph (2a) above. (b) The Service is not responsible for claims made under its fidelity bond unless such claims are reported in writing by The Client within 30 days after occurrence, (c) The Client shall indemnify and save The Service harmless from claims and demands arising out of Occupational Safety and Health Act as it related to premises owned or controlled by The Client and to which The Service's employees are assigned. (3) The Client recognized The Service's employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignment, pay procedures, etc. with The Service. The Client agrees to pay all invoices per terms and finance charges of one and one half percent (1-1/2%) per month (18% per annum) on charges remaining five (5) days after terms on a thirty (30) day basis and reasonable attorney's fees and expenses of collections. The Service shall also be entitled to recovery of all attorney fees incurred to enforce any of the terms set forth above.

**CLIENT:** Your signature certifies that the hours shown are correct and that the work was performed satisfactorily; also that you have read, understood, and agree to our Client Agreement, and all other **TERMS AND CONDITIONS on this card.**

**MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY.**

X

Supervisor Signature