AUGUSTA STAFFING ASSOCIATES - CLERICAL

218 OAK STREET, SUITE E
MARTINEZ, GA 30907
706-860-4820

INSTRUCTIONS FOR FILLING OUT TIME SLIP
1-Use a separate time sheet for each assignment and for each week's work.
2-Leave pink copy with client.
3-Mail white, green and yellow copies to our office no later than Friday evening.
4-Be sure to contact our office after each assignment.

DAY	DATE	TIME IN	TIMEOUT	LESS LUNCH	TOTAL HOURS
MONDAY				( )	
TUESDAY				( )	
WEDNESDAY				( )	
THURSDAY				( )	
FRIDAY				( )	
SATURDAY				( )	
SUNDAY				( )	

CLIENT NOTE | TOTAL HOURS (IN WORDS) | TOTAL HOURS | HOURS TO NEAREST 1/4 HOUR

COMPANY NAME (PLEASE PRINT)

ADDRESS | CITY

EMPLOYEE JOB TITLE | DEPT. | REPORT TO | WEEK ENDING

EMPLOYEE NOTE: I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below.
I understand I am to contact the office after completing the Assignment to determine if there is other work available for me.
I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.
All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out new time slip if you make an error.

EMPLOYEE NAME (PLEASE PRINT) | EMPLOYEE SIGNATURE X

SOCIAL SECURITY NUMBER | ARE YOU RETURNING TO THIS ASSIGNMENT? YES ☐ NO ☐ | I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON DATE

CLIENT SIGNATURE OF ACCEPTANCE X | PRINT NAME

CLIENT NOTE: MINIMUM: 4 HOURS PER EMPLOYEE PER DAY Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

CLIENT NO.	PURCHASE ORDER NO.	SOCIAL SECURITY NUMBER	JOB CAT. #	REG HOURS	OVERTIME HOURS	CBR	EPR

VOUCHER AMOUNT	I.O.N. #	SP CODE	SP CD DESCRIPTION	SP HRS	SPB	SPP
		1. 2.				

PLEASE PRESS FIRMLY

00181

EMPLOYEE INFORMATION

NEVER CALL OUR CLIENT. WHEN YOU ARE LATE, OR IF YOU CANNOT WORK THE PRESCRIBED HOURS, OR IF YOU WON'T BE ABLE TO REPORT FOR WORK, CALL US

RECORDING YOUR TIME

REPORT ALL TIME TO THE NEAREST ¼ HOUR
DO NOT SHOW ODD MINUTES.

LUNCH

YOUR LUNCH PERIOD WILL BE DETERMINED BY THE SUPERVISOR TO WHOM YOU ARE ASSIGNED. IF YOU WORK A FULL DAY, THE LAW REQUIRES YOU TAKE A MINIMUM OF ONE HALF (½) HOUR FOR LUNCH.

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 AWAITING YOUR RETURN.

OVERTIME

ALL AUTHORIZED WORK YOU PERFORM IN EXCESS OF 40 HOURS PER WEEK (MON-SUN) 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. APPROVAL MUST BE OBTAINED FROM US BY THE CLIENT BEFORE OVERTIME CAN BE AUTHORIZED.

FUTURE ASSIGNMENTS

IF YOU DO NOT CONTACT US AFTER EACH ASSIGNMENT, WE WILL ASSUME YOU ARE NOT AVAILABLE FOR WORK

CLIENT INFORMATION - TERMS AND CONDITIONS

Client shall not employ our Employee without our written approval. If client employs such person within six (6) months of last day such person worked for client, then client shall pay liquidated damages at the rate of 1% of the total annual salary of said employee, multiplied by each unit of $1,000.00 in said annual salary, i.e., $10,000 annual salary = liquidated damages of $1,000.00; $11,000 annual salary = liquidated damages of $1,210.00 etc.

Our insurance does not cover loss or damage caused by the operation of Clients' equipment, vehicles, automobiles or trucks by our Employees. Client shall accept full responsibility for injury or damage to persons or property resulting from our Employee's operation of the Clients owned or rented equipment or vehicles. Client shall not entrust our Employees with unattended premises, cash, negotiables, jewelry or any other valuable items, without our prior written permission. Under no circumstances will we be responsible for claims made under our fidelity bond unless such claims are reported in writing to us by Client within thirty (30) days after the occurrence.

Client shall not advance cash or other valuables to our Employees for any reason and Client specifically waives any right to offset the value of such cash or valuables advanced or any other claim for loss or damage against any money owed to us.

Client acknowledges that our invoices are for labor and therefore agrees to pay such invoices within five (5) days of receipt. Invoices paid after such date shall bear interest at 1½% per month until paid (18% Per Annum), but not more than the highest legal rate of interest. If Client's account is placed in the hands of an attorney for collection, the Client shall pay attorney's fees equal to 15% of the unpaid invoice amounts to cover our costs of collection