

A.T. Temps

275 Madison Avenue, Suite 1518,
New York, New York 10016
www.attemps.com

(212) 213-5656
FAX: (212) 213-5660

TEMP. EMPLOYEE PLEASE COMPLETE

Week Ending Sunday _____ 20 _____

Print Your Name _____

YOUR SOCIAL SECURITY #									

Job Title _____

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE. CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE. AND THAT NO INJURIES WERE SUFFERED.

EMPLOYEE SIGNATURE _____
 ASSIGNMENT COMPLETED? YES NO
 AVAILABLE FOR WORK? YES NO WHEN AVAIL.? _____

(IF AVAILABILITY NOT INDICATED, A.T. TEMPS
MAY ASSUME I AM NOT AVAILABLE)

OT OK	CHECK BY	T/S COMPLETE ▲ ACCURATE	CHECKED BY
----------	----------	----------------------------	------------

TIME RECORD

DATE	DAY	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS
	MON				
	TUE		DRAW LINE		
	WED				
	THU		THROUGH DAYS		
	FRI				
	SAT		NOT WORKED		
	SUN				
Fraudulent information is a criminal act. Violators will be prosecuted to the full extent of the law.					TOTAL HOURS FOR WEEK (To Nearest 1/4 Hour)
IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT, WORK WAS SATISFACTORY, AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM.					

CLIENT PLEASE COMPLETE

Name of Company _____
 Authorized Signature _____
 I have read and understand the terms and conditions on the reverse of this form.
 Printed Authorized Name _____
 Dept. _____ Tel. # _____ Ext. _____
 Please write total hours worked _____

RETURN TO A.T. TEMPS

ATTENTION: IMPORTANT FEE AGREEMENT:

We understand that A.T. TEMPS has incurred substantial recruitment, screening, administrative and marketing expense in providing the services of the employee on the reverse side. We agree neither directly or indirectly to hire nor to use the services of the temporary employee within one (1) year after the last date of assignment. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay A.T. TEMPS a fee equal to the amount determined by multiplying the total annualized compensation rate of the employee in the new capacity times a percentage equal to the sum of (a) one percent of each one thousand dollars of such annualized compensation not to exceed 25%. (For example, if the annualized compensation rate was \$30,000.00, the fee would be \$7,500.00, if the annualized compensation rate was \$20,000.00 (\$20,000.00 times 20%) the fee would be \$4,000.00).

The Employee:

In consideration of my hiring and employment by A.T. TEMPS, I agree not to accept employment directly or indirectly whether full-time or part-time with any CLIENT of A.T. TEMPS to whom I am assigned, for a period of one (1) year following completion of any assignment with the Client. I agree not to accept assignment for such CLIENT either directly or as the employee of a third party. I acknowledge that I am responsible for the accuracy of this timesheet and that no adjustments or changes may be or have been made after completion by A.T. TEMPS' client.