HB STAFFING

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COMPANY NAME	WEEK ENDING SUNDAY
ADDRESS	CITY

EMPLOYEE NAME	HOLD MY CHECK ☐ MAIL MY CHECK ☐
SOCIAL SECURITY NUMBER X X X X X	AVAILABLE FOR WORK YES ☐ NO ☐
EMPLOYEE SIGNATURE X	WHEN AVAILABLE?

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

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS MEAL PERIOD	REG HOURS	O.T.HOURS
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY*	REGULAR		OVERTIME	
⇨ ⇦	HRS	MIN	HRS	MIN

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE	**TOTAL HOURS** ⇨
PLEASE PRINT NAME (CLIENT)	TITLE
AUTHORIZED SIGNATURE (CLIENT) X	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES ☐ NO ☐

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE FRONT OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

FAX TIMECARD TO (714) 960-6563
COPY EA. TO CLIENT AND EMPLOYEE

ADDITIONAL REMARKS:

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EMPLOYEE INFORMATION

(1) Recording Your Time. Report all time to the nearest ¼ hour. Do not show odd minutes.
(2) Overtime. All authorized work you perform over 8 hrs/day or 40 hours per week (Mon-Sun) will be at time and one-half the regular rate. Time worked after 12hr will be at premium rate (double-time). You are permitted to work overtime **only** if the client requests and approves such work. Approval **must** be obtained from us by client before overtime can be authorized.
(3) Meal Period. Your meal period will be determined by the supervisor to whom you are assigned. **If you work 6** or more hours in a day, the law requires you take a minimum of one-half (1/2) hour for lunch unless you waive it by mutual consent with the employer. The absence of a documented meal break on your timecard indicates you agreed to waive the meal break.
(4) 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.
(5) Never Call Our Client. When you are late, or if you cannot work the prescribed hours call us.
(6) Future Assignments. If you do not contact us within 48hr. of completing your assignment we will assume you are not available for work. **Note: In certain states, if you fail to contact us, without good cause, unemployment benefits may be denied.**

CLIENT INFORMATION

Client, or their representative, hereby agrees that HB Staffing (hereinafter called "Contractor"):
(1) Incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee ("Employee") named. Client agrees that if Client hires employee within 520 working hours after this date, without agreement from Contractor, Client will pay Contractor's conversion charge of 15% of employee's prospective annual salary.
(2) Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner (***MINIMUM FOUR [4] HOURS UNLESS OTHERWISE AGREED TO BY CLIENT AND CONTRACTOR).**
(3) Client confirms the prior agreement between Contractor and Client with respect to the services performed hereunder and any future services.
(4) Client agrees to provide adequate supervision of temporary employees entrusted with cash or other valuables and negotiable instruments and to hold Contractor harmless on losses that may have been incurred by employees working at Client site unless an arrest and conviction results in employee found guilty of a crime.
(5) Client has not and shall not in the future without prior written permission from Contractor in each instance: (i) entrust employee or authorize employee to operate machinery, laboratory or medical equipment, or motor vehicles; (ii) assign employee to perform work other than that described at the time Client placed the job order.
(6) Contractor's insurance does not cover loss of damage caused by employee operating Client's owned or leased motor vehicle(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph 4 (i) or 4 (ii) above.
(7) Contactor is not responsible for claims made under its liability or bond insurance policies unless such claims are reported to Contractor in writing by Client with 30 days after occurrence.
(8) Contractor is not responsible for claims for damage to property within Contractor's or employee's care, custody and control.
(9) In the event of Client's non-payment of Contractor's invoices, Client agrees to be responsible for all collection expenses, including attorney's fees, interest (1.5% per month) and court costs.
(10) Client accepts the obligation to discuss all matters concerning employee, including without limitation, employee's job assignments, wages and payroll procedures with Contractor and not with employee directly.
(11) Client shall indemnify and hold Contractor, its subsidiaries, affiliates and agents, including the employer of record harmless from any and all claims and damages arising out of Client's violation of employment laws including, without limitation, OSHA and EEO, and immigration laws.