

t i m e s h e e t



office: (212) 320-0200
 fax: (203) 889-4990
 email: karen@c2staffingsolutions.com

Employee Information

Associate's Name: _____

I certify that the hours on this time sheet are correct and were worked by me.

Associate's signature: _____

Position Title: _____

Client Information

Client/Company: _____

Report to: _____

Address: _____

City, State, Zip: _____

Client Phone & Ext: _____

ALL SIGNATURES CONSTITUTE ACCEPTANCE IN FULL OF TERMS AND CONDITIONS SHOWN BELOW.

TO THE CLIENT: The signature to this time sheet is an acknowledgement that C2 Staffing Solutions, Inc. ("C2") has incurred substantial recruitment, screening, administrative and marketing expense in providing the services of the assigned employee ("Associate") identified on this time sheet. You agree not to directly or indirectly use the services of the Associate within three hundred sixty-five (365) days after the last date of the Associate's assignment with you. If either directly or indirectly, you hire or otherwise use the services of the Associate, then you will notify C2 and either (a) continue any temporary assignment of such Associate and pay for his or her services under the sale terms and conditions as now provided; or (b) negotiate a fee for hiring the Associate. If an agreement cannot be reached, or you fail to notify C2 of your direct or indirect use of the Associate as mentioned above, or you employ, contract or otherwise utilize the services either directly or indirectly through another service, of the above named Associate within three hundred sixty-five (365) days after the date of this time sheet or the last date the named Associate worked on assignment with you (whichever is later), without written agreement from C2, you will pay C2 forty (40) times the daily bill rate for that Associate during his or her last assignment with you. You agree that such fee is fair and reasonable and represents the fair value of C2's services in connection with your direct or indirect employment of the Associate or use of the Associate's services. You agree and acknowledge that C2's services represent labor and all invoices are due upon receipt. Payments received thirty (30) days after invoice date will be subject to a late payment fee of twelve (12%) percent per annum. You shall be liable for all reasonable attorneys' fees and other costs incurred by C2 to collect charges and/or unpaid invoices. The person signing this time sheet, certifies on behalf of him/herself and the Client that: (1) he is authorized to sign on behalf of the Client; (2) that the hours worked and the information listed on the time sheet are correct; (3) the services of the Associate named on the time sheet were satisfactory; (4) the Client has not and will not entrust Associates with unattended premises, cash, negotiable securities or instruments, or other valuables or authorize such Associates to operate machinery or motor vehicles without prior written permission from C2 in each instance, and will therefore indemnify and hold C2 harmless from any such claim arising out of a breach of the forgoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage; (5) C2 is not responsible to Client or others for claims made under any fidelity bond or otherwise unless such claims are reported to C2 in writing by the Client within ten (10) days after occurrence; (6) under no circumstances will C2 be responsible for claims arising from work performed by Associates unless such claims are reported in writing to C2 by the Client within ten (10) days after the date of the occurrence giving rise to the claim; and (7) Client will indemnify C2 from claims or liabilities pursuant to the Occupational Safety and Health Act and other state and local laws governing the premises owned or controlled by Client and to which Associates are assigned, performed services in or are present in. The Client recognizes that C2 has an employer/employee relationship with the Associate assigned to the Client and agrees to discuss all matters concerning their employment, job assignments, pay procedures, etc. with C2.

DAY	DATES		BILLABLE TIME			
	Month	Day	HOURS			Total
			In	Lunch	Out	
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
TOTAL TIME >>> _____						

TO THE EMPLOYEE/ASSOCIATE: 1. C2 Staffing Solutions, Inc. ("C2") must receive your completed time sheet by Monday for hours worked the previous week. A time sheet signed by both you and the Client is a pre-condition to issuance of your paycheck. If your time sheet is not received on time, your paycheck will be issued the next pay period after the time sheet signed by you and the Client is received by C2. 2. If you do not enroll in direct deposit, your check can be picked up in our office or mailed. 3. In consideration of your hiring and employment by C2, you agree not to accept employment directly or indirectly, whether full-time or part-time with any Client of C2 to whom you are assigned for a period of three hundred sixty-five (365) days following completion of your final assignment with the Client. You also agree not to accept assignment to work for such Client on its premises as the employee, agent, associate or otherwise of a third party for a period of three hundred sixty-five (365) days after the date of your final assignment with the Client.

Client Approval

The hours as shown above are correct, and the work performed is satisfactory to the best knowledge of Client. By signing this Client Approval, you also acknowledge that you are bound by the terms of the C2 Staffing Solutions, Inc. ("C2") agreement or such other fee agreement as may be in effect. If no such agreement has been executed by the parties hereto, with respect to the matters herein, you are bound by the conditions of assignment set forth hereon and that C2 shall pay the Associate based upon this acknowledgment.

Signature: _____

Print Name: _____

Title: _____

Date: ____ / ____ / ____ (MM/DD/YYYY)