

# Consultant Timesheet

Fax to (404) 574-2283 no later than Monday at 10:00 am.

COMPANY NAME (PLEASE PRINT)			
ADDRESS		CITY	STATE ZIP
SUPERVISOR	DEPARTMENT	JOB TITLE	WEEK ENDING SUNDAY / /
EMPLOYEE NAME (please print)		SOCIAL SECURITY NUMBER	

I hereby certify that the hours detailed below were worked by me during the week ending shown above, and were properly certified by authorizing personnel of the named client company above. I fully understand that I am to contact Pareto Staffing Company, Inc. after completing the assignment to determine if there is additional work available for me. I agree that if I do not contact the office upon completion of the assignment then Pareto Staffing Group, Inc. can rightfully assume I am not available for employment. Also, I understand that any alterations will void this timesheet and all unsigned timesheets will be returned to me without a check.

EMPLOYEE SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DAY	DATE MM/DD/YYYY	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY	/ /			( )	
TUESDAY	/ /			( )	
WEDNESDAY	/ /			( )	
THURSDAY	/ /			( )	
FRIDAY	/ /			( )	
SATURDAY	/ /			( )	
SUNDAY	/ /			( )	
<b>CLIENT NOTE &gt;</b>	PLEASE WRITE TOTAL HOURS IN WORDS IN THE SPACE			TOTAL HOURS	

**MINIMUM 4 HOURS PER EMPLOYEE PER DAY—CLIENT NOTE:**

Completion of this form by the client constitutes a certification that the TOTAL hours stated above are correct, that the work was performed satisfactory, and agreement by the Client to the CLIENT TERMS AND CONDITIONS printed at the bottom of this form.

CLIENT SIGNATURE OF ACCEPTANCE	PLEASE PRINT NAME	DATE
X Authorized Signature		

**EMPLOYEE TERMS AND CONDITIONS:**

Please call our office if you are unable to work the predetermined hours, or if you are unable to attend work.

All time is to be recorded to the nearest ¼ hour. Your lunch period is determined by your supervisor on your current assignment. All work performed in excess of 40 hours per week (Mon.- Sun.) will be paid at time and one-half of the standard pay rate. Overtime is only permitted if requested and pre-approved by the client. Furthermore, approval must first be obtained from us by the client.

It is assumed you are not available for work if you do not contact us upon completion of each assignment.

You have read, agreed to and signed the applicant verification statement printed on your Pareto Staffing Group, Inc. application for employment.

**CLIENT TERMS AND CONDITIONS:**

Please do not advance monies to Pareto Staffing Group, Inc. employees. All temporary and permanent placement fees are due upon receipt. Employees are furnished to work for your organization on a temporary basis while searching for permanent employment through Pareto Staffing Group, Inc. In the event that your firm or any of its affiliates, subsidiaries or clients hire the employee named above during the temporary assignment or within a period of 180 days after the last day of any assignment with your company on a full time or consultant basis, your firm agrees to pay the permanent placement fee of 30% of the first year salary or annualized hourly rate of said employee. The foregoing also applies, without limitation, when the client enters into a prime vendor contract or other agreement with another staffing company that hires the employee to service the client.