


Thank you for working for Certified. Print and fill this document out. Once your supervisor has signed it, make copies for your supervisor and yourself. Please fax to Certified at (510) 420-3757 or cut out and mail to:

Certified AccountStaff  
 2000 Powell Street, Suite 540  
 Emeryville, CA 94608


Ask us about **direct deposit**  
and our **online time card**.

| CURRENT JOB ORDER NO.                       |                               |                            |                           | SOCIAL SECURITY NO.                |               |                    |  |
|---|-------------------------------|----------------------------|---------------------------|------------------------------------|---------------|--------------------|--|
|   |                               |                            |                           |                                    |               |                    |  |
| PRINT YOUR NAME, LAST                       |                               |                            | FIRST                     |                                    | INITIAL       |                    |  |
|   |                               |                            |                           |                                    |               |                    |  |
| CIRCLE YOUR OFFICE                          | San Francisco<br>415.433.3600 | SF Legal<br>415.433.3600   | Roseville<br>916.771.6886 | Sacramento<br>916.929.1114         |               |                    |  |
|   | North Bay<br>707.521.2140     | Emeryville<br>510.420.3747 | South Bay<br>408.626.7127 |                                    |               |                    |  |
| For payroll questions, call: 1.510.420.3750 |                               |                            |                           |                                    |               |                    |  |
| RETURNING TO SAME ASSIGNMENT?               | YES                           | *NO                        |                           | *IF NO, CALL YOUR CERTIFIED OFFICE |               |                    |  |
| WEEK ENDING SATURDAY                        |                               |                            |                           | MO.                                | DAY           | YR.                |  |
| CLIENT COMPANY NAME:                        |                               |                            |                           |                                    |               |                    |  |
| REPORT ALL TIME TO THE NEAREST 1/4 HOUR     |                               |                            |                           |                                    |               |                    |  |
| DATE WORKED                                 | TIME STARTED                  | LUNCH START                | LUNCH END                 | TOTAL LUNCH                        | TIME FINISHED | TOTAL HOURS WORKED |  |
| S<br>U<br>N                                 | //                            | //                         |                           |                                    |               |                    |  |
| M<br>O<br>N                                 | //                            | //                         |                           |                                    |               |                    |  |
| T<br>U<br>E                                 | //                            | //                         |                           |                                    |               |                    |  |
| W<br>E<br>D                                 | //                            | //                         |                           |                                    |               |                    |  |
| T<br>H<br>U                                 | //                            | //                         |                           |                                    |               |                    |  |
| F<br>R<br>I                                 | //                            | //                         |                           |                                    |               |                    |  |
| S<br>A<br>T                                 | //                            | //                         |                           |                                    |               |                    |  |
| TOTAL HOURS FOR WEEK                        |                               |                            |                           |                                    |               |                    |  |
|   | REG                           | OT                         |                           |                                    |               |                    |  |
| DT  |                               |                            |                           |                                    |               |                    |  |
| SUPERVISOR'S SIGNATURE                      | DEPT.                         |                            |                           |                                    |               |                    |  |
| <b>X</b>                                    |                               |                            |                           |                                    |               |                    |  |

Supervisor: This timecard has been provided as a courtesy in lieu of a regular timecard. Printing and use of this document is subject to the conditions detailed in the standard "Client Agreement" stated on the back of the regular timecard. The agreement is also included in this web page document, and should print out as page 2 when the timecard is printed.

## **CLIENT AGREEMENT**

The supervisor signing this timecard is an authorized representative of the client company and hereby certifies that the hours worked as indicated on the timecard are true and correct. The supervisor's signature authorizes payments.

Client recognizes Certified's employer-employee relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with Certified AccountStaff. Client understands that Certified is not an employment agency and that the service it renders is made possible only by substantial investment in advertising for, testing and training its personnel. Therefore, in consideration of this service, client agrees that in event any of the above-named employees become employed by client within three (3) months of this date, client will pay Certified a settlement fee equivalent to the Certified AccountStaff permanent placement fee.

We understand that the on-the-job supervision of the assigned Certified employee is the client's responsibility.

Client agrees not to authorize Certified employees to operate machinery, automotive or truck equipment without prior written permission from Certified AccountStaff. Client agrees to accept full responsibility for any bodily injury or loss, property damage or liability, including fire, theft or collision caused or incurred by a Certified employee while said employee is operating any of the aforementioned machinery, vehicles, or equipment.

Client agrees not to entrust any Certified employee with cash, negotiables, or other valuables without prior written permission from Certified AccountStaff. Without such written permission, client accepts full responsibility for any loss or liability caused or incurred by a Certified employee while handling cash, negotiables, or other valuables. Client agrees that Certified AccountStaff will not be responsible for any claims unless made in writing within thirty (30) days after the occurrence.

Client represents that its company is in compliance with all applicable state and federal laws concerning its premises and all employees of client company or Certified AccountStaff, and shall indemnify and hold Certified harmless from claims, demands, suits, or other causes of action arising out of client non-compliance with the law.

Client further agrees to provide any general or specific safety training, equipment, and information necessary to insure that Certified employees may perform the assignment safely.

This Certified AccountStaff employee is paid weekly. Therefore, the client will be billed weekly. Payment is due upon receipt of invoice. Client will be billed for hours shown and approved on the front of this timecard at the agreed upon rate. Overtime hours will be billed at one-and-one-half times the straight time bill rate. In the event that the client fails to pay Certified AccountStaff's invoices when due, the client shall pay all collection and/or litigation costs plus reasonable attorney's fees.

If client limits an assigned employee's work day to fewer than 4 hours, a guaranteed minimum of four (4) hours will be paid to the employee and billed to client for short notice compensation. If client cancels an assignment upon arrival of our employee, a guaranteed minimum two (2) hour show-up time will be paid to employee and billed to client.