

Employee Name	Day	Date	Time Started	Time Finished	Less Lunch	Total Hours Worked
Social Security Number Last 4 Digits of Social Security Number ONLY =	Mon.					
	Tues.					
<p align="center">Employee Statement</p> <p>I certify that the hours shown are all of the hours worked by me during the time indicated for this client. I understand that after completing an assignment I will contact my Temporaries Now, Inc. (T.N.I.) office or I am not available for work. I understand T.N.I. remains my employer at all times during this assignment and I will receive my wages and benefits for all hours worked directly from T.N.I.</p> <p>Employee Signature X _____</p> <p>TNI will mail your Paycheck or Direct Deposit paperwork unless you check this box for us to hold it in our office for you. <input type="checkbox"/></p>	Wed.					
	Thur.					
	Fri.					
	Sat.					
	Sun.					
Total Hours (to nearest 1/4 hour) Clients: Minimum Assignment 4 hours per day. ►						
Client Name	CLIENT AGREEMENT The undersigned, who is a duly authorized representative of Client, hereby agrees that the hours worked as reflected above by the employee named on this time sheet ("Employee") are accurate and that Employee has performed satisfactorily. Client further acknowledges the considerable cost and expense incurred by Temporaries Now, Inc. ("TNI") to attract, recruit, evaluate, reference check and retain its employees. Accordingly, Client agrees that, as to any work done by Employee for Client, if Employee is employed, engaged or utilized by Client (other than through TNI) within two years from the date of this time sheet, Client shall pay TNI, as liquidated damages (and not as a penalty), the product of multiplying 750 times the hourly billing rate charged Client, by TNI, for Employee's services. TNI assumes no responsibility if Employee handles cash, securities or other valuables or is left unattended at Client's premises. TNI also assumes no responsibility if and to the extent that Employee operates or drives any motorized vehicle or any equipment (other than ordinary office equipment) or machinery. A late fee of one and one-half percent per month will be added to all invoices not paid within thirty days of the date of the invoice. Client is responsible for all costs of collection including, but not limited to, court costs and reasonable attorney's fees. TNI shall not be responsible for any claims relating to damages caused by actions of its temporary employees, unless such claims are reported to TNI in writing within thirty days of their occurrence. This agreement shall be construed according to the laws of the Commonwealth of Virginia.					
Street Address						
City	State	Zip Code				
Special Billing Instructions	Client's Signature X _____ DATE: _____					

TEMPORARIES NOW, INC.

We place people first

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Phone (703) 914-9100

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Temporaries Now—White And Yellow

Employee—Green

Client—Pink