PRESS FIRMLY, TO MAKE ORIGINAL & 3 COPIES. PRINT CLEARLY. USE BALL POINT PEN OR TYPE.

ASSIGNMENT NO.							–			
EMPLOYEE NAME										
EMPLOYEE ID NUMBER										

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		REGULAR		OVERTIME	
	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MON.												
TUE.												
WED.												
THU.												
FRI.												
SAT.												
SUN.												

EMPLOYEE. I certify that the hours shown above represent my total hours worked during the week, and that they were properly verified by the client or by client's authorized representative. My signature certifies that I was not injured and that I did not witness any injuries while on my assignment.

X _____

SIGNATURE OF EMPLOYEE

TOTAL TIME SUMMARY			
STRAIGHT TIME		OVERTIME	
HOURS	MINUTES	HOURS	MINUTES

WEEK ENDING SUNDAY			
	MONTH	DAY	YEAR

ACCOUNTING USE ONLY

REPORT TIME WORKED TO NEAREST 1/4 HOUR (EXAMPLE: 15 MIN., 30 MIN., 45 MIN., OR EVEN HOUR)

ALLIANCE STAFFING RESOURCE SERVICES, INC.

BRANCH #

CLIENT INFORMATION

COMPANY NAME:	
ADDRESS:	
REPORT TO:	TIME:

CLIENT: Your signature certifies that the hours shown are correct and that the work was performed satisfactorily; and constitutes your agreement to our guarantee, conversion options, and all other terms and conditions on the back of this timecard.

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS BELOW:

Example: *Thirty-six hours*

HOURS WORKED_____

X _____

AUTHORIZED SIGNATURE FOR CLIENT

ASRS THANKS YOU FOR THIS OPPORTUNITY TO BE OF SERVICE.

NOTICE TO EMPLOYEES:

- √ Properly completed timecard must be received by Monday 6:00 p.m. following the week worked.
- √ Timecard must be signed by supervisor and information must be correct.
- √ **TO AVOID A DELAY IN PROCESSING YOUR PAYCHECK PLEASE COMPLETE ALL PARTS.**

DELIVER THE WHITE AND YELLOW COPIES OF THIS TIMECARD TO:

ASRS
P.O. BOX 461498
ESCONDIDO, CALIFORNIA 92046
(760) 749-2765 • FAX (619) 923-2747

GIVE PINK COPY TO CLIENT.
GOLDENROD COPY IS FOR EMPLOYEE.

TERMS AND CONDITIONS

OUR SERVICES:
Our basic service includes payroll administration (processing of payroll and all applicable withholdings, and direct deposit option) and serving as employer of record for purposes of workers compensation and unemployment. As our Client, you are responsible for recruiting, screening and selection of payrolled employees.

BILLING TERMS:

1. SERVICE CHARGES:
   (A) An itemized invoice for payroll services, based on hours shown on the Alliance Staffing Resource Services, Inc payroll employee's timecards, is mailed weekly; it is due and payable NET UPON RECEIPT OF INVOICE. A discount will apply for pre-payment.
   (B) A four-hour minimum charge per day will be incurred once a payroll employee reports for work.
   (C) All billing for hours worked is subject to and regulated by State and Federal laws.
   (D) In the event Client disputes any charge, Client must notify (ASRS) in writing within 10 days of the invoice date specifying the disputed charges and the reason for the dispute.
2. PAST DUE ACCOUNTS: Interest at 1% per calendar month (12% Annual Percentage Rate) will be assessed on accounts 10 days or more past due. If full payment has not been received by (ASRS) within 30 days of the invoice date, a service charge of 25% may be imposed on all past due amounts. In the event Client is in breach of (ASRS)' payment terms, (ASRS) shall have the immediate right to terminate all payroll assignments.

CONVERSION TERMS UNLESS OTHERWISE PROVIDED BY WRITTEN AGREEMENT:
Client may choose to hire payrolled employees onto its own payroll or convert them to the payroll of another service at any time with no additional fee, upon written notice equal to a minimum of one full work week.

OTHER TERMS AND CONDITIONS:

1. Client's acceptance of our payroll services constitutes agreement by Client to pay our charges in accordance with all our Terms and Conditions. Client is solely responsible for recruiting, screening and selecting payroll employees referred to (ASRS) and agrees to indemnify and hold harmless from any and all claims, losses, liabilities or damages arising out of, resulting from, or in connection with the screening, selection and employment of payroll employees referred by Client.
2. Client is responsible for the supervision, direction and control of the work performed by (ASRS) payroll employees. All work is to be performed on Client's premises.
3. (ASRS) assumes no liability for loss or damage caused by operation of Client's machinery, equipment, or any vehicles by an (ASRS) payroll employee. Client agrees that (ASRS) is not responsible for loss of or damage to any property or equipment that Client entrusts to (ASRS) payroll employees.
4. Client is responsible for providing (ASRS) payroll employees with a safe workplace in compliance with all health and safety requirements, and free of unlawful harassment or discrimination. Client is responsible for providing site and job specific safety training for each position, including providing personal protective equipment and instruction on its use.
5. Client agrees to promptly communicate to (ASRS) any (1) alleged violation of health or safety requirements; (2) accidents and/or injuries; and (3) claims of harassment or discrimination involving (ASRS) payroll employees. Client agrees to allow (ASRS) representatives access to Client's premises to investigate accidents, injuries, or other safety concerns.
6. For your convenience, some of our Terms and Conditions are included on this timecard. OUR FULL TERMS AND CONDITIONS APPEAR ON OUR INVOICE, A COPY OF WHICH WILL BE PROVIDED UPON REQUEST.

ASRS 6/04