

Employee Time Sheet *(Due Monday by noon)*



Employee Name (Print)
Company Name (Print)

Staffing – Payrolling – Permanent Placement
 15920 E. Indiana Ave., Suite 100
 Spokane Valley, WA 99216
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Special Information:

DATE									
TIME STARTED	:	:	:	:	:	:	:		
TIME FINISHED	:	:	:	:	:	:	:		
LESS LUNCH	:	:	:	:	:	:	:		
HOURS WORKED	:	:	:	:	:	:	:		
	SUN	MON	TUE	WED	THU	FRI	SAT		

							TOTAL	
							Hours	Minutes

Employee Signature: _____

I certify through my signature that the hours shown on this timesheet were worked by me and that the hours are true and accurate. I further certify that during this assignment I was not injured on the job unless so indicated below. I understand I am to contact the Humanix office after completing an assignment. Copy of timesheet is available upon request.

1. **Recording Your Time:** Report all time to the nearest ¼ hour. Do not show odd minutes.
2. **Overtime:** All authorized work you perform in excess of 40 hours in a 7-day pay period will be at time and one half the regular rate. You are permitted to work overtime only if the client requests and approves such work.
3. **Absence – Call Us At Once.** We will contact the Client.

Client Signature: _____

The person signing this timesheet represents that he/she is the Client’s authorized representative and hereby certifies that the hours shown on this timesheet are correct and that the work was performed in a satisfactory manner and further acknowledges the following:

Humanix incurs substantial recruiting, screening, administrative, and marketing expenses in connection with the temporary employee (“Employee”) named. Client agrees that if Client, Client associate, or Client affiliate hires Employee, transfers Employee to another temporary service or to an outsourcing company within 90 days after this date, without agreement from Humanix, Client will pay Humanix’s conversion charge of 25% of the annual compensation package Client offers Employee. Employees covered under the Payrolling Division are eligible for hire at any time.

Client confirms the prior agreement between Humanix and Client with respect to the services performed hereunder and any future services.

The Humanix employee is assigned on the basis of a particular job description whose job duties are not to be changed without Humanix’s consent.

Humanix’s insurance does not cover loss or damage caused by Employee operating Client’s owned or leased motor vehicles(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damages sustained or incurred as a result of Employee driving such vehicle(s), or arising out of or involving violation by Client of changing job duties without Humanix’s consent.

In the event of Client’s non-payment of Humanix’s invoices, whether for temporary services or conversion fees, Client agrees to be responsible for all collection expenses, including attorney’s fees, interest, and court costs.

It is the Client’s responsibility to make and keep a copy of this timesheet form to verify with Humanix invoices. Copy of timesheet is available upon request.