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**ALL TIMESHEETS DUE MONDAY 11AM WEEKLY. MUST BE SIGNED!
(NO EXCEPTIONS)**

PROPERTY NAME
MANAGEMENT COMPANY
STREET ADDRESS
CITY STATE ZIP
EMPLOYEE NAME (PRINT)
EMPLOYEE SIGNATURE
LAST 4 (SSN)
<p>1. Please fill out all text boxes. E-sign is considered a valid authorization.</p> <p>2. Use a separate time record for each week; each client.</p> <p>3. Client signature must be an Authorized representative of Client's company</p> <p>4. Pay Downgrade Policy: If you do not complete an assignment without a proper notice your pay will be downgraded to minimum wage.</p> <p>5. If you didn't work on the listed date, please enter 0 in the Total Hrs Worked column.</p>

Client does hereby agree, acknowledge and/or certify as follows:
 (1) ASAP Personnel Inc. ("Consultants") has spent a substantial amount of time and expense recruiting, interviewing and screening plus all administrative/marketing costs in connection with the placement of the temporary Employee named on this document. Client hereby agrees to pay to Consultants the hourly/weekly rate specified by Consultants to Client prior to the placement of Consultant's Employees with Client. Such rates are subject to change upon thirty (30) days' notice by Consultants to Client.

(2) In the event Client desires to hire the employee on a permanent Basis, Client agrees to notify Consultants of that intent, and Client agrees to pay the Consultants the applicable fee for direct employment to be billed by Consultants to Client; In account of the services provided by the Consultants the client agrees that for the next six months the client is not to use the services of the Consultants employee in any other way than as a temporary employee of the Consultant. The client can permanently employ the Consultants employee upon the following: a) the temporary employees employment in the property for more than 160 hours or b) a placement fee

(3) The job rate specifications of Consultants shall be a part of this Contract and are incorporated herein by reference:

(4) Client does hereby certify that the hours reported on the timesheet are correct and that the work performed is satisfactory;

(5) Client agrees that Consultants reserves the exclusive right to set wages and/or fringe benefits (if any) for its employees and Consultants assume full responsibility for the payment of compensation, withholding and payment of all required payroll taxes, and compliance with applicable Worker's Compensation Laws, except where such obligations are specifically imposed bylaw or this Agreement on Client;

(6) Client agrees to comply with all applicable ordinances relating to the work site, health and safety regulations with respect to the workplace owned, leased, or supervised by Client, and to which Consultants employees are assigned. Client does hereby further expressly agree to provide employees of Consultants a safe and healthful workplace, to provide notices and training as may be required by OSHA, Hazardous Communication Standard or similar State or Federal law, and to provide all necessary safety equipment, protective clothing, and other health and safety devices as are necessary or required by law and/or used by Client's employees in the performance of similar work. Client further agrees to be responsible for all penalties arising out of violation of the Occupational Safety and Health Act of 1970 as amended, and any other State and/or Federal law which may be applicable to the employee or the workplace;

(7) Client further agrees to comply with all applicable State and/or Federal civil rights laws, and employment related laws as they pertain to Consultants employees, or to Client's other employees. Client agrees not to utilize Consultants employees in any activity in violation of the law;

(8) Client further agrees to comply with all rules and regulations as may be in-acted, from time to time, by Consultants;

(9) Client further agrees to provide such information regarding the services performed by Consultants employees as Consultants may request during or following such employment;

(10) Client shall defend, indemnify and hold harmless Consultants, its officers, employees, agents and representatives from any and all claims, demands and liabilities assumed by Client or disclaimed by Consultants above or which may be asserted against any of them arising from Clients actions or its failure to act;

(11) Client further acknowledges that Client was informed, prior to Employees' placement as follows:

(a) Consultants Employees will not be entrusted by client with cash, keys or other items of value at any time. If so entrusted, Client assumes full responsibilities thereto. Consultants shall not be liable for any unlawful actions, injuries or harm caused to or by its employees. Client agrees that it will not permit or direct such employees to operate machinery or motor vehicles without prior written permission of Consultants or work on A/C on the roof;

(b) Consultants insurance does not cover loss or damage caused By Consultants employees operating Clients owned or leased motor Vehicles nor the defense thereof;

(c) Consultants is not responsible for any claims made unless such claims are reported to Consultants in writing by client within seven (7) Days after the discovery of the occurrence.

(12) Client acknowledges that all bills will be paid within thirty (30) days, and if not, that all past due amounts shall bear interest at the highest rate permitted by law.

Week Ending(SUN) _____

DATE	DAY	TIME STARTED	TIME FINISHED	LESS LUNCH (MINUTES)	TOTAL HRS WORKED
	MON				
	TUES				
	WED				
	THU				
	FRI				
	SAT				
	SUN				

TOTAL HOURS:

HOURS SHOULD--BE ROUNDED TO 15 MINUTE INTERVALS
IMPORTANT FOR CLIENT: (1) Any hours over 40 hours will be charged at time and a half Rates. (2) Client will be billed a minimum of four (4) hours per assignment (3) by Execution of this Timesheet, Client certifies that hours shown are correct, work Was performed satisfactorily, and that Client agrees to the terms and conditions of the Client Agreement. PLEASE DRAW AND/OR "X" OUT ANY UNUSED SPACES ABOVE.

Total number of OT hours
(if none, enter 0)

YES NO N/A

Is overtime approved?

Authorized Manager/ Supervisor PRINTED NAME & TITLE	
Authorized Manager/ Supervisor E-SIGNATURE (E-sign is considered a valid signature.)	
P.O. Number	