



Payroll Office
 (303) 805-2300 Phone
 (303) 805-2400 Fax

TIMESHEET

COMPANY NAME	_____
AUTHORIZED CLIENT NAME	_____
DIVISION/DEPARTMENT	_____

Week Ending Sunday _____

EMPLOYEE NAME	COST CENTER	MONDAY	TUESDAY	WED	THURS	FRIDAY	SAT	SUN	TOTAL	
		/ /	/ /	/ /	/ /	/ /	/ /	/ /	REG	O/T

Conditions of Service: CLIENT hereby confirms the agreement with TASK FORCE, INC. as to the terms and conditions of services rendered by TASK FORCE, INC, now or in the future.

- TASK FORCE reserves the sole right to establish the wages and fringe benefits, if any, of its employees, and assumes responsibility for the payment of such compensation, the withholding and payment of all required payroll taxes and the maintenance of Workers' Compensation insurance as required by state law.
- CLIENT agrees not to directly or indirectly hire the employee named above except with the written permission of TASK FORCE and agrees that such employee shall remain as an employee of TASK FORCE furnishing services to CLIENT at the existing rate(s), for a period of not less than 10 weeks from the date of termination of such employee's assignment with the client.
- CLIENT agrees to notify TASK FORCE immediately whenever any TASK FORCE employee performs any work under a Government Contract, and agrees to pay TASK FORCE a price differential to reflect the higher wages that may be due any such employee by reason of any Government Contract law or the contract specification.
- CLIENT assumes and agrees to indemnify and hold harmless TASK FORCE for any claims for bodily injury (including death), or loss of, and loss of use of, or damage to property arising out of the use of operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by TASK FORCE employees.
- CLIENT agrees that it will not entrust TASK FORCE employees with cash, checks, negotiables or other valuables without the prior written permission from TASK FORCE. TASK FORCE will not be responsible for claims made under its Fidelity Bond unless such claims are reported in writing to TASK FORCE and to the local police by the CLIENT within fourteen (14) days after notice of loss. Do not pay employees directly or advance any funds to them.
- CLIENT agrees to terms of NET UPON RECEIPT and understands that unpaid accounts will be considered in default after ten (10) days, after which a default charge will be imposed of 1 ½ % per month on unpaid balances (18% APR) or the maximum legal interest rate, whichever is lower, CLIENT agrees to pay the default charge together with reasonable attorney's fees for cost of collection.

By signing, I certify that the hours on this timesheet are correct and that the above named employees performed satisfactorily. I agree to the terms and conditions set forth hereof.

Authorized Client Signature _____