

ASSIGNMENT IS CONTINUING

ASSIGNMENT IS FINISHED

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

PLACEMENT NUMBER

WEEK
ENDING
SATURDAY

 / /

Instructions

1. Client must keep original for records.
2. Client has 21 days from the date of the invoice to correct any differences between time worked and time billed.
3. Employee must fax time sheet to Delta Dallas Protech no later than 2:00pm on Monday for paycheck to be available on Friday of the same week. Time sheets received after 2:00pm on Monday will be processed the following week. Checks will not be released unless time sheet is complete, signed by employee, and approved by client.
4. Employee is encouraged to keep a copy of time sheet for their own records.

Note: If a mailed check is not received, employees must wait 15 business days for its return to Delta Dallas or pay a \$28 fee to stop payment on the check and have a replacement check issued sooner.

Print Name

DELTA DALLAS PROTECH, L.P.

PHONE (972) 788-2300 / FAX (972) 702-0110

TOTAL HOURS TO NEAREST 1/4 HOUR

| DAY | DATE | TIME IN | LUNCH OUT | LUNCH IN | TIME OUT | TOTAL |
|-----|------|---------|-----------|----------|----------|-------|
| SUN | | | | | | |
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |

EMPLOYEE STATEMENT: When this assignment ends, I agree to contact Delta Dallas Protech immediately for further assignments. I understand that if I fail to contact Delta Dallas Protech, I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I further agree that I will not accept any employment duties with the Client or service the Client (including any successor in interest) through another personnel agency for a period of 1 year after this assignment ends without Delta Dallas Protech's written consent. I hereby certify that I have sustained no injury on this assignment and the days and hours I have indicated are true and correct.

Employee Signature

NEW CONTACT INFORMATION: Address: _____ Phone #: _____

Please contact Delta Dallas Payroll at 972-788-2300 with any questions regarding this process.

1. Client shall pay all invoices within 7 days of receipt to Delta Dallas Protech, L.P. at 14001 N. Dallas Pkwy., Suite 1200, Dallas, Texas 75240. Client shall not advance cash or valuables to Delta Dallas Protech's field employee and shall have no right whatsoever to offset or recoup any such advances against any amounts owed to Delta Dallas Protech.
2. Client shall comply with all laws, rules and regulations of duly constituted government bodies concerning Delta Dallas Protech and its field employees and agrees to indemnify and hold Delta Dallas Protech harmless from any and all damages, claims, suits, demands, or other causes of action which may arise or be asserted against Delta Dallas Protech.
3. Client shall not permit or cause the field employee to perform any work activities other than those specifically set forth in Delta Dallas Protech's Work Order Verification. Regardless of the work activities set forth in Delta Dallas Protech's Work Order Verification, client shall not permit or cause the field employee to operate any motor vehicle or machinery without first executing a Vehicle or Machinery Operator Release Agreement.
4. Client acknowledges that no insurance is provided by Delta Dallas Protech covering physical loss or damage to Client's vehicles, machinery, equipment, merchandise or materials that are in the care, custody or control of Delta Dallas Protech's field employee. In the event of injury to the field employee while on assignment to Client where Client assumes responsibility for Workers' Compensation insurance coverage, Client shall indemnify Delta Dallas ProTech from any liability to the field employee arising out of the negligence of Client.
6. Client shall not permit or cause the field employee to handle cash, negotiables, or other valuables of any kind without Delta Dallas Protech's written permission. If permission is given, the field employee cannot be left unattended. Client accepts full responsibility if the field employee is left unattended.
7. Delta Dallas Protech shall process claims arising from the dishonesty or misconduct of the field employee only if such claims are reported directly to Delta Dallas Protech by Client within ten (10) days after discovery of the occurrence. Client shall cooperate fully in any investigation and prosecution relating to such claims.
8. Delta Dallas Protech guarantees Client satisfaction with the employee services by extending to Client a one-day (8-hour) guarantee period. If Client does not notify Delta Dallas Protech of dissatisfaction before the end of the first 8-hour day and permit Delta Dallas Protech to replace the field employee assigned, Client agrees that the field employee assigned is satisfactory.
9. Client understands that the assigned person is Delta Dallas Protech's fie employee and that Delta Dallas Protech expends considerable effort and incurs substantial expense to recruit, screen, test and train its field employees to service clients. Client understands that he assigned person is contractually obligated to Delta Dallas Protech, and Client agrees to contact Delta Dallas Protech immediately if Client desires to employ the assigned person or to utilize the assigned person for any position through another personnel service agency servicing Client. Delta Dallas Protech will discuss with Client its conversion fee. However, Client may not directly or indirectly hire the assigned person for any position for a period of 1 year after this assignment ends without Delta Dallas Protech's written consent, and Client may not directly or indirectly utilize the services of the assigned person in any position through another personnel agency for a period of 1 year after this assignment ends. Client hereby agrees that if the Client breaches the above terms, or Client sells its business to a third party which breaches the above terms, Client will pay to Delta Dallas Protech a settlement fee equal to the greater of \$1,000 or 1% per thousand dollars of the person's annualized compensation up to a maximum of 35% of annual compensation.
10. Client shall pay all reasonable attorney fees and other costs incurred by Delta Dallas Protech in enforcing this Agreement.
11. No oral statement shall modify or affect the foregoing terms and conditions.

| TOTAL HOURS WORKED | |
|---|--|
| STRAIGHT TIME | |
| OVERTIME | |
| CLIENT STATEMENT: I hereby certify that the above hours are accurate and that Delta Dallas Protech's field employee is entitled to be paid accordingly. I acknowledge and agree that these services were performed in accordance with the terms and conditions set forth below. | |
| SUPERVISOR'S SIGNATURE | |
| PRINTED CLIENT NAME | |