

# Southern Crescent Personnel Time Sheet

Employee Name: \_\_\_\_\_

Company & Supervisor: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Comany Address: \_\_\_\_\_

MUST BE RECEIVED BY 9:00AM ON MONDAY EMAIL TO YOUR REPRESENTATIVE or FAX TO 770-968-4606 MUST BE COMPLETED IN FULL AND SIGNED BY BOTH THE EMPLOYEE AND COMPANY

**Week Ending:**

Day	Date	Time In	Time Out	Less Lunch	Hours Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>Total hours for the week</b>					

I certify that the hours shown above represent the total time worked on the assignment during the week indicated, that I am to notify Southern Crescent Personnel and that I must return this signed (signed by client and contractor) form upon completion of this week.

Employee Signature: \_\_\_\_\_

Customer agrees that the utilization of our employee on either a temporary or full-time basis within twelve months from the date on this sheet will be through SCP. If the customer desire to hire our employee on a full-time basis, it is agreed that notification of this intent will be given to SCP and the employee will remain on SCP's payroll until a fee is paid, or for a period of thirteen weeks (520 hours) retroactive to the employee's starting date or until SCP receives a liquidation charge that will be quoted by SCP. You may not transfer or allow this person to work at your company, or any affiliate, subsidiary, or other connected entity through another staffing service nor transfer this person to the payroll of another company.

Customer agrees to refrain from entrusting employees of SCP with care, custody, or control of cash, negotiables, or other valuable property. Full responsibility is accepted by customer as a result of failure to comply with this request.

Customer agrees that no insurance is afforded by SCP for physical loss or damage to customer's machinery, equipment, material, or any motorized vehicle (whether licensed for road use or not) in the care, custody of SCP, its agents, or employees, and that SCP shall not be liable for physical loss or damage to said property caused by SCP, its agents, or employees. Also, the customer accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damage incurred as a result of the SCP employee driving such vehicle. This supersedes any other contract.

It is understood that the individual signing this sheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily. Customer agrees to remit payment to SCP within 10 days following receipt of invoice. Customer agrees to pay all costs of collection, including but not limited to reasonable attorney's fees paid of incurred by SCP as a result of such collection, whether or not suit is filled with respect thereto.

As a duly authorized representative of this office, I agree to the Terms and Conditions outlined above and I certify that the hours shown above are correct and that the employee performed satisfactorily.

Supervisor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_