

COMPANY NAME	WEEK ENDING DATE: / /
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EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE
X

SOCIAL SECURITY NUMBER →

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EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED BY ME THIS WEEK, AND WERE PROPERLY VERIFIED BY THE CLIENT.

CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED IN A SATISFACTORY MANNER.

AUTHORIZED SIGNATURE	TITLE
X	

CLIENT NAME (PLEASE PRINT)

HAMILTON CONNECTIONS

EAST HARTFORD FAX: 860-569-5975 HAMDEN FAX: 203-287-2881
 MERIDEN FAX: 203-634-1057 MILFORD FAX: 203-882-5029
 SPRINGFIELD FAX: 413-886-0021 FAIRFIELD FAX: 203-333-3210

DAY	DATE	HOURS WORKED TO NEAREST QUARTER HOUR				
		START	FINISH	(LUNCH)	REG. HOURS	O.T. HOURS
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

CLIENT		REG. HOURS		O.T. HOURS		
→	WRITE TOTAL HOURS WORKED (IN WORDS) HERE	←	HOURS	MIN.	HOURS	MIN.

TOTAL HOURS TO NEAREST QUARTER HOUR MINIMUM 4 HOURS PER EMPLOYEE PER DAY	TOTAL HOURS WORKED	→
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White - Office Yellow - Employee Pink - Client (Leave with client)

EMPLOYEE INFORMATION

CALL US AT ONCE: WHEN YOU ARE LATE OR IF YOU CANNOT WORK THE PRESCRIBED HOURS, OR IF YOU WON'T BE ABLE TO REPORT TO WORK.

RECORDING YOUR TIME: REPORT ALL TIME TO NEAREST 1/4 HOUR. DO NOT SHOW ODD MINUTES. REPORT TOTAL HOURS WORKED AS DIRECTED.

LUNCH: YOUR LUNCH PERIOD WILL BE DETERMINED BY THE SUPERVISOR TO WHOM YOU ARE ASSIGNED.

ABSENCE: CALL US AT ONCE - WE WILL CONTACT THE CLIENT. IF YOU WILL BE OUT FOR A NUMBER OF DAYS, IT WILL BE UP TO THE CLIENT TO DECIDE ON REPLACING YOU OR AWAITING YOUR RETURN.

OVERTIME: ALL AUTHORIZED WORK YOU PERFORM IN EXCESS OF 40 HOURS PER WEEK (MON-SUN) 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, APPROVAL MUST BE OBTAINED FROM US BY THE CLIENT BEFORE OVERTIME CAN BE AUTHORIZED.

FUTURE ASSIGNMENTS: IF YOU DO NOT CONTACT US AFTER EACH ASSIGNMENT, WE WILL ASSUME YOU ARE NOT AVAILABLE FOR WORK AND YOU HAVE VOLUNTARILY QUIT.

CLIENT INFORMATION

ADDITIONAL TERMS AND CONDITIONS

Being duly authorized on behalf of the above client, (1) the undersigned hereby acknowledges that Hamilton Connections (also referred to as "Service") hereof incurs substantial recruitment, screening, administrative and other marketing expenses in connection with the temporary employee named on the reverse side, and client agrees that if the client transfers any of Hamilton Connections employee's assignment to the client's payroll or to the payroll of any other entity, Client will pay the applicable fee. If the transfer occurs during the Hamilton Connections employee's first ninety (90) days on assignment, the fee will be 20% of the employee's annual salary. If the transfer occurs after ninety (90) days on the assignment, the fee will be 10% of the employee's annual salary; (2) Client certifies that the above hours are correct and that work was performed in a satisfactory manner; (3) Client confirms prior agreement between The Service and Client with respect to the services performed hereunder and any future services: (a) Client shall not entrust the Service's employees with unattended premises, cash, negotiable, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from The Service in each instance, (b) The Service's Insurance does not cover loss or damage caused by the Service's employees' operating Client owned or leased motor vehicle(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 damage sustained or incurred as a result of an employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph (3)(a), above. (c) The Service is not responsible for claims made under its fidelity bond unless such claims are reported to it in writing by Client within 30 days after occurrence; (d) Client shall indemnify and save The Service harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Client and to which The Service's relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with The Service.

The Client agrees to pay all invoices per terms and finance charges of one and one half percent (1-1/2%) per month (18% per annum) on charges remaining five (5) days after terms, on a thirty (30) day basis plus reasonable attorney's fees and expenses of collection, if The Service engages an attorney to enforce payment of any charges incurred.

REV. 9/04