

Time Card



Hanna Building
 1422 Euclid Ave. Suite 533 Cleveland, Ohio 44115
 861-4727 • Fax 861-0710

COMPANY DATA

COMPANY NAME (PRINT) _____

REPORT TO: _____

ADDRESS _____

CITY, STATE _____ ZIP _____

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (PRINT) _____

SOCIAL SECURITY NO.

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IS THIS ASSIGNMENT COMPLETED? YES NO LAST DAY _____

I CERTIFY THE HOURS SHOWN ON THIS TIME RECORD ARE CORRECT, AND I PERFORMED THE SERVICE.

EMPLOYEE'S SIGNATURE _____

	HOURS WORKED					DO NOT WRITE BELOW
	DATE	TIME IN	TIME OUT	LESS LUNCH TIME	TOTAL HRS. FOR DAY	
MONDAY						REG. T
TUESDAY						C. RATE
WEDNESDAY						EXT.
THURSDAY						O.T.
FRIDAY						C. RATE
SATURDAY						EXT.
SUNDAY						BILL
WE CERTIFY THE HOURS INDICATED ARE CORRECT, AND THE WORK PERFORMED WAS SATISFACTORY					TOTAL NUMBER HOURS WORKED	HR PAY

THANK YOU FOR ALLOWING J.J. DeLONG & ASSOCIATES, INC. TO PROVIDE YOU WITH TEMPORARY PERSONNEL.

Our employee is assigned to you upon the terms and conditions below and those stated on the reverse hereof. By your signature hereon you verify your acceptance of those terms and conditions as well as the hours worked by our employee during the stated period.

For services of our employee whose name appears hereon, we will invoice your firm as orally agreed. Overtime, if any, (in excess of 8 hours a day or 40 hours a week) will be billed at one-half the billing rate.

The billing rate charged is based upon the experience required for the assignment and not necessarily the amount of experience of our employee. The hourly rate will then change to reflect the amount of experience necessary to complete the new assignment. Call your J.J. DeLong & Associates, Inc. account executive for any adjustment in the hourly billing rate. Our compensation to our employee assigned is on a weekly basis and you will be billed weekly for the total hours worked. Because J.J. DeLong & Associates, Inc. invoices reflect payroll we have already paid, you agree with our TERMS which are NET 10 DAYS. Unpaid invoices are subject to a service charge of 1.5% per month (18% er year).

CLIENT'S SIGNATURE _____ DATE _____