

**ASSIGNMENT INFORMATION**

CLIENT NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 REPORT TO: \_\_\_\_\_ TIME \_\_\_\_\_ DEPT \_\_\_\_\_

COMPANY/CLIENT NAME \_\_\_\_\_

WEEK ENDING DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

AVAILABLE FOR WORK? YES  NO

EMPLOYEE MUST FILL IN BELOW: ENTER ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYEE: I CERTIFY that the hours shown represent the total hours worked by me this week, and that I have not had any work related injuries or illnesses that have not been reported to my supervisor.

EMPLOYEE SIGNATURE \_\_\_\_\_ EMPLOYEE NAME (PLEASE PRINT) \_\_\_\_\_

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: \_\_\_\_\_

IS THIS EMPLOYEE ASSIGNED TO THIS ASSIGNMENT? YES  NO

CLIENT NAME (PLEASE PRINT) \_\_\_\_\_

TO THIS EMPLOYEE ASSIGNED TO THIS ASSIGNMENT? YES  NO

**The List**  
 An Ashby Staffing Company  
 505 East Huntland Drive • Suite 100  
 Austin Texas, 78752  
 Phone: (512) 458-5271 • Fax: (512) 458-2034

DATE	START	FINISH	(LUNCH)	REG. HOURS	O.T. HOURS
MON					
TUES					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL HOURS TO NEAREST QUARTER HOUR					
MINIMUM 4 HOURS PER EMPLOYEE PER DAY					

REG. HOURS | O.T. HOURS  
 HOURS | MIN. HOURS | MIN. HOURS

Being duly authorized on behalf of the above client, (1) the undersigned hereby acknowledges that the personnel services named on the reverse side 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 the Client should hire the employee named on the reverse side within 180 days after the date, without agreement from the Service, the Client will pay indicated Damages (fee schedule available from the Service upon request). (2) Client certifies that the above hours are correct and that the work was performed in a satisfactory manner. (3) Client certifies that the work was performed by the Service and Client with respect to the services performed hereunder and with unattached premises, cash, negotiables, 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 hardware does not cover loss of damage caused by the Service's employees operating Client's owned or leased motor vehicle(s) and Client therefore accepts full responsibility for claims, including the damage 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 acting out of or involving violation by Client of paragraph (3)(a), above. (c) The Service is not responsible for claims made under the 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 employees are assigned. The Client recognizes The Service's employer relationship with the 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 term, or thirty (30) day basis and is responsible for attorney's fees and expenses of collection. If "The Service" engages an attorney to enforce payment of any charges incurred.

**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 FOR 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 AWAIT 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

REORDER FROM: **Jaco Graphics Inc.** (631) 273-8300 • (800) 321-5226

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