

# ELITE TEMPORARIES, INC.

REPORT YOUR TIME TO THE NEAREST 1/4 HOUR

	Time Started	Time Finished	Less Lunch	Hours
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
TOTAL HOURS WORKED				

FAX: 973-839-4415 / Phone: 973-839-4401

WEEK ENDING SUNDAY

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

CLIENT NAME

I hereby verify that I have worked the hours indicated on this time sheet.

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

## ALL HOURS WORKED IN EXCESS OF 40 HOURS WILL BE CONSIDERED OVERTIME

I certify that the total hours shown are true and correct, and this signature is authorization to bill the named company for these hours. Client acknowledges Elite Personnel, Inc.'s policy of a 4 hour minimum billing per day. Any hours billed in excess of 40 hours per week will be billed at an hourly rate of 1 and 1/2 times the hourly rate. We understand that employees of Elite Personnel, Inc. are referred to us on a temporary basis. If our company, or an affiliate, employs this person on our payroll or in a consulting position, or utilizes this person's services through another temporary or outsourcing service within one year of the termination of this person's temporary assignment, we agree to pay Elite Personnel, Inc. a fee equal to 25% of the annualized salary offered to this employee. We agree to Elite Personnel, Inc.'s payment terms of "Net Due Upon Receipt"; unpaid invoices in excess are subject to a 1% finance charge. If referred to an attorney for collection we agree to pay all legal costs.

\_\_\_\_\_  
(CLIENT SIGNATURE)

\_\_\_\_\_  
(DATE)

CHECKS CAN BE PICKED UP ON PAYROLL DAY ONLY