

THE SUPPORTING CAST

P: 212-532-8888 F: 212-725-6192 E: pay@supportingcast.com

DeltaForce

P: 212-725-2100 F: 212-725-6192 E: pay@deltaforcelegal.com

Week ending SUNDAY _____ / _____ / _____

Client _____

Dept. _____

Employee Name _____

Social Security Number (last 4 digits) _____

Are you returning to this assignment? YES NO (contact us)

Timesheets due each Tuesday by 12pm (no exceptions!)
Call to confirm receipt

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the client.

Employee Signature _____

DAY	DATE	TIME IN	TIME OUT	LESS BREAK	TOTAL HOURS
MON.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUE.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THU.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN.		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

TOTAL HOURS WORKED IN WORDS _____ TOTAL HOURS _____

OVERTIME HOURS _____
(Total weekly hours minus 40)

CLIENT approval:

By signing below, it is agreed that the total hours shown are correct and Client agrees to the provisions on the reverse side of the time slip.

Client Authorized Signature _____

Print Authorized Name _____

TERMS AND CONDITIONS OF SERVICE

EMPLOYEE: Employee agrees not to accept full time or temporary employment by any Client of The Supporting Cast/DeltaForce (“COMPANY”) within 180 days of completing any assignment with such Client without written authorization of the COMPANY.

CLIENT, for itself, affiliates and subsidiaries agrees to the following conditions, and consents to be bound by the following:

1. CLIENT acknowledges that COMPANY has incurred substantial recruitment, screening and training expenses with respect to its temporary employees. CLIENT agrees not to directly or indirectly employ, offer to hire, hire, or engage as an independent contractor any Temporary Employee assigned to CLIENT by COMPANY during any such assignment and for a period of 180 days after completion of such assignment, except with the express prior written consent of COMPANY. If CLIENT employs Temporary Employee the fee will be 30 percent of the annual compensation. CLIENT also agrees not to permit or cause any such Temporary Employee to provide services to CLIENT while on the payroll of any other firm for a like period, without the express prior written consent of COMPANY. If CLIENT violates this paragraph, CLIENT is liable for payment of 25 times the daily rate for that employee.

2. CLIENT agrees to indemnify and hold harmless COMPANY, its officers and employees, from and against any and all claims, losses, judgements, liabilities or claims for attorneys’ fees arising out of or resulting from: (a) the Temporary Employee’s use of or operation of CLIENT’S owned, non-owned or leased vehicles, machinery or equipment; and (b) any negligence, wrongful acts or breaches of this Agreement by CLIENT or by any other person.

3. Without first obtaining written permission from COMPANY, CLIENT shall not entrust any Temporary Employee with unattended premises, unsupervised access to telephones, cash, negotiables, jewelry or any other valuables. COMPANY will not be responsible for claims made under COMPANY’S fidelity bond or otherwise under any circumstances unless such claims are reported to COMPANY in writing by the client within thirty days of the alleged occurrence.

4. COMPANY invoices reflect payroll already paid to COMPANY employees for services provided to the CLIENT. CLIENT agrees to payment terms of Net Upon Receipt of invoice and that late charges will accrue on unpaid balances after 60 days from the date of receipt of the invoice at the rate of 1½% per month. CLIENT specifically agrees to pay the late charge.

5. CLIENT agrees to reimburse COMPANY for all expenses and reasonable attorney’s fees it may incur to enforce any provision of this Agreement, and CLIENT waives the right to a jury trial in any proceeding between CLIENT and COMPANY.

6. CLIENT’S signature certifies that the hours shown are correct, that the work was performed to the CLIENT’S satisfaction and authorizes COMPANY to bill CLIENT for the hours worked by the named Temporary Employee. CLIENT agrees that the representative who signs this Agreement is authorized to do so, that COMPANY may rely upon that signature as binding upon CLIENT, and that time sheets submitted by facsimile or electronic transmission shall be accepted as valid for billing purposes.