



Please fax completed timesheet to:  
**770-968-4606**

**EMPLOYEE INFORMATION**

Employee Name (please print)

Employee Signature

Social Security No.

Mail Check  Hold For Pickup

The following has permission to pick up my check:

**Timesheet must be signed by client and returned by Monday at 9:00 a.m.**

- ALL OVERTIME MUST BE VERIFIED -						FOR OFFICE USE ONLY
RECORD MINUTES TO NEAREST 1/4 HOUR (.25, .50, .75, 1.00)						
Day	Date	Start	Finish	Less Lunch	Hours	
SUN.						
MON.						
TUE.						
WED.						
THU.						
FRI.						
SAT.						
COMPANY BILLED FOUR HOUR MINIMUM PER EMPLOYEE.					<b>TOTAL</b>	

**EMPLOYEE:** The above hours were worked by me for the designated week ending. I understand this timesheet must be signed by the customer's representative for the approval of my paycheck to be issued. I will contact SCP at the end of each assignment, otherwise SCP may assume I am not available. I certify no accident or injury was sustained while working on the assignment, unless so noted.

**Morrow Office:** 7179 Jonesboro Rd., Suite 101 • Morrow, GA 30260 • 770.968.4602

**CLIENT INFORMATION**

Company Name

Address

**Customer agrees that the utilization of our employee on either a temporary or full-time basis within twelve months from the date on this sheet will be through SCP.**

**CLIENT:** Your signature represents that you are in agreement with all the terms and conditions on the reverse side and that the hours shown are correct and the work was completed satisfactorily.

Authorized Name (please print)

Authorized Signature

Title

Is this employee continuing this assignment?

Yes  No



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Is this employee continuing this assignment?

Yes  No

Customer agrees that the utilization of our employee on either a temporary or full-time basis within twelve months from date on this sheet will be through SCP. If customer desires to hire our employee on a full-time basis, it is agreed that notification of this intent will be given to SCP and the employee will remain on SCP's payroll until fee is paid, or for a period of thirteen weeks (520 hours) retroactive to the employee's starting date or until SCP receives a liquidation charge that will be quoted by SCP. You may not transfer or allow this person to work at your company, or any affiliate, subsidiary or other connected entity through another staffing service nor transfer this person to the payroll of another company.

Customer agrees to refrain from entrusting employees of SCP with care, custody, or control of cash, negotiables, or other valuable property. Full responsibility is accepted by customer as a result of failure to comply with this request.

Customer agrees that no insurance is afforded by SCP for physical loss or damage to customer's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody of SCP, its agents or employees, and that SCP shall not be liable for physical loss or damage to said property or loss of said property caused by SCP, its agents or employees. Also, the customer accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of SCP employee driving such vehicle. This supersedes any other contract.

It is understood that the individual signing this time sheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily. Customer agrees to remit payment to SCP within 10 days following receipt of invoice. Customer agrees to pay all costs of collection, including but not limited to reasonable attorney's fees paid or incurred by SCP as a result of such collection, whether or not suit is filed with respect thereto.

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