

DESIGNTEMPS

COMPANY NAME
ADDRESS
REPORT TO

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the DesignTemps office after completing this assignment to discuss another assignment, and, if I do not do so, DesignTemps may assume that I am not available for work.

While on this assignment, I have not had any work related injuries or illnesses that have not been reported to DesignTemps.

EMPLOYEE NAME (PLEASE PRINT)						
SOCIAL SECURITY NUMBER (- -)						
EMPLOYEE SIGNATURE _____						
DAY	MONTH/DATE	TIME IN	TIME OUT	LESS: LUNCH PERIOD	TOTAL HOURS	
MON		AM PM	AM PM			
TUE		AM PM	AM PM			
WED		AM PM	AM PM			
THUR		AM PM	AM PM			
FRI		AM PM	AM PM			
SAT		AM PM	AM PM			
SUN		AM PM	AM PM			
WEEK ENDING DATE SUNDAY		REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS		

CUSTOMER APPROVAL

Please confirm hours are added properly. Approval includes verification of hours worked and acceptance of terms and conditions on reverse.

X
Customer Signature _____ Date _____

To insure timely processing, your name, social security number and Customer Approval must be completed.

PLEASE MAIL COMPLETED TIME SLIP TO:

DesignTemps
6540 Lusk Blvd., Suite C137
San Diego, CA 92121

Or Fax To: 858.455.5663

DESIGNTEMPS

Being duly authorized on behalf of the above Customer, the undersigned hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between DesignTemps and Customer, with respect to the services performed hereunder and any future services, that **(a) Customer will not employ the person named for a period of one year following his/her completion of any work assignment to Customer. Upon violation of this restriction Customer will pay to DesignTemps, upon demand, 20% of the employee's gross yearly income as liquidated damages (i.e.: \$30,000 salary at 20% results in a fee of \$6,000),** (b) Customer shall not entrust DesignTemps employees with unattended premises cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from DesignTemps in each instance, (c) DesignTemps' insurance does not cover loss or damage caused by DesignTemps employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage, public liability, damage sustained, or incurred as a result of DesignTemps employee driving such vehicle(s), or arising out of or involving violation by Customer of paragraph (2) (b) above, (d) DesignTemps is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within 30 days after occurrence, (e) Customer shall defend, indemnify and save DesignTemps harmless of any and all fines, penalties and assessments including attorneys' fees, incurred by DesignTemps as a result of alleged violations of any Federal, State or local law, regulation or ordinance relating to health and safety with respect to premises owned or controlled by Customer and to which DesignTemps employees are assigned. The Customer recognizes DesignTemps' employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with DesignTemps.

X
Customer Signature _____ Date _____