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<<< Enter Company name

MASTER TIME SHEET**Date:****Location:**

A Helping Hand Employee Name	Time In	Time Out	Lunch Break	Reg. Hrs	OT Hrs.	Total Hrs.	Employee Initials

Customer Agreement: The hours recorded above are correct and the work was performed in a satisfactory manner. I understand that I am not to pay the employee directly for this service but I will pay A Helping Hand (the agency) each week after receiving its invoice. I understand that the agency will not be responsible for any claims made under the fidelity bond unless such claims are made in writing within 14 days of the occurrence. I will not authorize agency employees to operate any vehicles or equipment without first obtaining permission from the agency office. Bills are payable upon receipt. I agree not to employ, either directly or indirectly, any of the above employees for a period of 90 days following the completion of this assignment. In the event I violate this agreement, I agree to pay the agency, on demand, the sum of \$1000.00 per employee as liquidated damages plus reasonable attorney fees for collection.

Customer ApprovalX

Phone No:

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_____ **Name (Please Print)**

Approved by: