



HUMAN RESOURCE SERVICES

Email: Payroll@LongsHRS.com
MOBILE: P.O. Box 160947, Mobile, AL 36616 - (251) 476-4080 PH; (251) 470-5097 FX
FOLEY: 123W. Camphor Ave., Foley, AL 36535 - (251) 943-8725 PH; (251) 943-8738 FX

Individual Time Sheet

WEEKENDING - DATE: ____/____/____

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

TIME IS DUE EACH MONDAY BY 10:30AM • CROSS OUT DAYS NOT WORKED – ENTER TIME USING NEAREST QUARTER HOUR (FOR EXAMPLE: 9:00; 2:30; 4:45; 6:15)

Table with columns for days of the week (SATURDAY, SUNDAY, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY), TIME IN, TIME OUT, LESS LUNCH, TOTAL DAILY HOURS, TOTAL REGULAR HOURS, and TOTAL OVERTIME HOURS.

EMPLOYEE SECTION

RECORDING YOUR TIME:

- 1. Report all time to the nearest 1/4 hour.
2. Type or print clearly. Fill in form completely and accurately.
3. Sign form and have supervisor review and sign below..
4. Fax form, mail form, or bring form to Long's immediately – upon completion of assignment or at the end of each week

OVERTIME: All authorized work you perform in excess of 40 hours, in a 7-day pay period, will be at time-and-one-half the regular rate. You are permitted to work overtime only if the client requests and approves such work.

ABSENCE: CALL US AT ONCE. We will contact the Client.

COMPLETION OF ASSIGNMENT: At the completion of an assignment, or any other separation from work, I understand that I must physically appear at the Long's office, meet with a Long's placement coordinator and sign the availability document stating that I am available for work, by the close of Long's business day following the completion or other separation. Failure to comply will be considered voluntary quitting, without good cause connected with any assignments and I understand that my unemployment benefits may be affected.

I hereby certify that I have not sustained an injury on this assignment and that the days and hours I have indicated are true and correct. I understand it is my responsibility to turn in my original time sheet at the end of each week by mail, or drop it off at one of Long's offices, in order for me to be paid for the total weekly hours shown. This time sheet must be completed and signed by both me and by an authorized representative of the Client company who can verify the days and hours worked. UNLESS NOTED ON THIS FORM, I HAVE NOT BEEN INJURED ON THE JOB THIS WEEK.

EMPLOYEE AGREEMENT: In accepting a job for Long's I agree that, should I accept any short-term or permanent position with the above Customer, even through another contractor, within six (6) months from this date, I will pay Long's a regular placement fee thereon as set out in my application under the Applicant and Employee Agreement Sections C and D, except if the Customer pays the fee.

EMPLOYEE SIGNATURE: _____

IMPORTANT FOR CLIENT: By execution of this form, Customer-client certifies and agrees that hours shown are correct, work was performed in a satisfactory manner and Customer-client agrees to the terms and conditions. Four (4) hour minimum per person. Please do not advance money to an employee. EOE/M/F/D/VET

TOTAL HOURS

COMPANY CUSTOMER-CLIENT AGREEMENT: Long's Personnel Services, Inc. (hereinafter called "Long's"), agrees to provide the Customer-client (hereinafter called "Customer") with a temporary employee(s) and Customer, in consideration for Long's furnishing Customer the temporary employee(s), agrees not to employ or cause others to employ the temporary employee(s) named herein except through Long's. It is understood and agreed that the minimum daily charge for this employee is four (4) hours. It is further agreed that the Customer will not authorize or direct or cause the temporary employee(s) to perform any work activities other than those specifically set forth in the original job order, or to operate machinery, automotive or truck equipment without prior written consent of Long's, it being understood that Customer assumes responsibility for trucks, equipment, cargo, or other such vehicles whether the same are owned or rented. Such liability is the responsibility of the Customer and the Customer will defend and hold Long's harmless from any resulting claims or loss. It is also understood and agreed that Long's temporary employee(s) shall not have access to cash, negotiables or other valuables while performing services for the Customer without prior consent from Long's, and then only when the temporary employee(s) specific duties necessitate such activity. The Customer agrees to pay all costs of collection or attempting to collect monies due hereunder, including a reasonable attorney's fee, whether the same be collected by suit or otherwise. The waiver by Long's of any right hereunder shall not constitute a waiver of any of the other obligations of the Customer hereunder and the failure to exercise, or the delay in exercising any right herein, shall not operate as a waiver thereof as to any subsequent right or default. Customer agrees to indemnify and hold Long's harmless for any and all claims, demands or suits arising out of the Occupational Safety and Health Act as it relates to the premises owned, rented or controlled by Customer or to which the temporary employee(s) is assigned or directed, and as to any and all laws, regulations and executive orders concerning equal employment opportunity. This encompasses the entire agreement between the parties and any modification, change or alteration must be in writing. Use of the services of the temporary employee(s) is acceptance of the terms of the contract by Customer, whether the same is signed or not. Notify Long's if the temporary employee(s) is required to leave the State of Alabama.

NAME OF COMPANY _____

AUTHORIZING SIGNATURE _____

NAME and TITLE (please print) _____

DEPT: _____ TEL #: _____ EXT: _____