



Press hard and print clearly

Name \_\_\_\_\_ Week Ending Date (Sunday) \_\_\_\_\_

Last Four (4) Digits of Social Security Number \_\_\_\_\_ Job Number \_\_\_\_\_

Client Company Name \_\_\_\_\_  Assignment Completed  Returning Next Week


DAY/DATE	TIME IN	Lunch Out	Lunch in	TIME OUT	Regular Time	Overtime	Double Time
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							

ENTER WEEKLY TOTALS (Round to nearest quarter hour) \_\_\_\_\_ Regular Time \_\_\_\_\_ Overtime \_\_\_\_\_ Double Time \_\_\_\_\_

**ASSOCIATE NOTICE:** Please fill in this time card completely. Leave the appropriate copy with your supervisor who signs to verify hours. The Express copies of the time card must be received in our office by 8:00 a.m. Monday. Failure to turn in your time card by the deadline may delay your check by one week. Failure to notify Express of the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied in some states.

I certify, through my signature below, that I have worked the hours listed on this timecard and that the hours reflected are true and accurate. I further acknowledge that I have not been denied any required meals and rest breaks during this pay period. If I did not receive any required meals and rest breaks during this pay period, I agree that I will immediately notify my Express Staffing Consultant both verbally and in writing. In addition, while on assignment, I have not had any work related injuries or illnesses nor have I been subject to any workplace discrimination or harassment.

Associate Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Yes! As an Express Associate, I want to help the Children's Miracle Network. Please deduct:  \$ \_\_\_\_\_ This paycheck  \$ \_\_\_\_\_ Every paycheck  \$ \_\_\_\_\_ Other 

**CLIENT NOTICE AND VERIFICATION:** The undersigned, as agent for the client company, certifies that the Express temporary associate named herein worked acceptably during the period noted on this card. The undersigned also acknowledges and accepts the terms and conditions listed on the reverse side of this time card whereby this temporary associate has been supplied by Express. Please read the terms and conditions and retain the client copy.

Authorized Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date : \_\_\_\_\_

Department or special billing instructions: \_\_\_\_\_  
QUALITY OF WORK:  EXCELLENT  SATISFACTORY  UNSATISFACTORY

CLIENT COPY

AT01 (01/08)

## EXPRESS - TERMS AND CONDITIONS

*Express Services, Inc. (Express) dba Express Employment Professionals (referred to as "Express", "We" or "Our"), makes it easy for you to do business with us. The first step to establishing a successful staffing relationship is to ensure a clear understanding of each party's responsibilities. We appreciate your business and look forward to the opportunity to support you with outstanding professional employment services in consideration of your agreement to the following terms and conditions:*

1. We hire associates as Express employees, and provide all wages, taxes, withholding, workers' compensation, and unemployment insurance. Medical benefits and vacation pay are also available to associates who qualify. We recruit and assign associates to you to perform the job duties you specify. You agree to notify us if those duties or the workplace of an associate changes.
2. Express complies with all Federal, State, and Local employment laws and regulations. You agree to provide our associates with a safe, suitable workplace and equipment, and to comply with all applicable federal, state, and local employment laws. You agree to indemnify and hold Express harmless from claims or damages resulting from your non-compliance with applicable laws and regulations.
3. Express pays associates promptly, based on information approved by you. You agree to pay the charges based on the time card or other mutually acceptable recording method by the invoice due date. A monthly service charge of (18% per annum) may be assessed on charges remaining unpaid 30 days after the invoice date. We are entitled to reasonable collection fees, attorney fees, and other expenses incurred to collect all charges on your account(s).
4. It is our goal that associates perform their jobs to your satisfaction; however, if you are not satisfied with an Express associate for any reason, you will not be charged for the first four (4) hours of the associate's work and a replacement will be provided.
5. We provide insurance policies to cover Express associates for Workers' Compensation, Commercial General Liability, Employers Liability, Fidelity Bond, Errors and Omissions, and Hired/ Non-Owned Automobile coverage in an amount not less than \$1,000,000 per occurrence. You agree to maintain liability insurance for any motor vehicle, forklift, or other motorized mobile equipment operated by an Express associate, and agree to waive all rights of recovery against Express as the employer of the Express associate.
6. If our associates have access to unattended premises or the care, custody, or control of cash, checks, credit card numbers, ATM bank cards, negotiables, confidential information, trade secrets, or other valuable property, then you agree to indemnify and hold us harmless from any resulting loss or damage.
7. Express will provide associates for positions where operating a motor vehicle, forklift, or other motorized equipment is required, if notified in writing prior to an assignment. We must know in advance, so we can assign associates who are qualified to meet your specifications. During an assignment, if our associate operates a motor vehicle, forklift or any other motorized equipment, you agree to indemnify and hold us harmless for bodily injury, property damage, collision, or public liability claims, regardless of fault.
8. You supervise, direct, and control the work performed by Express associates, and assume responsibility for all operational results, including losses or damage to property or data in the care, custody, or control of an Express associate. You agree to indemnify and hold us harmless from any claims or damages that may be caused by your negligence, and agree on behalf of your insurer(s) to waive all rights of recovery (subrogation) against us.
9. We offer an evaluation hire program designed to provide you with associates on a trial basis prior to converting them to your payroll. To take advantage of our evaluation hire program, you agree to negotiate a pre-determined trial period or fee prior to an associate's assignment to you. Express allows you to hire associates already assigned to you if your invoices are current and you agree to pay an acceptable payroll transfer fee (up to 30% of an associate's expected annual earnings) to convert an Express associate to your payroll.
10. To protect our investment in recruiting and assigning associates, you agree, for a period of 180 days from their last day on assignment with you, not to hire directly or use Express associates through another staffing firm without paying a liquidation fee of 30% of the Express associate's expected annual compensation, unless otherwise agreed to by us in writing.
11. Express will, at your written request, conduct criminal history checks and drug screens as permitted by state law. The costs vary depending upon the specific test or report ordered and the charges will be agreed upon prior to ordering the tests and/or reports.



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**Associate Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

Yes! As an Express Associate, I want to help the Children's Miracle Network.

Please deduct:  
 \$ \_\_\_\_\_ This paycheck     \$ \_\_\_\_\_ Every paycheck     \$ \_\_\_\_\_ Other



**CLIENT NOTICE AND VERIFICATION:** The undersigned, as agent for the client company, certifies that the Express temporary associate named herein worked acceptably during the period noted on this card. The undersigned also acknowledges and accepts the terms and conditions listed on the reverse side of this time card whereby this temporary associate has been supplied by Express. Please read the terms and conditions and retain the client copy.

**Authorized Signature** \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department or special billing instructions: \_\_\_\_\_

QUALITY OF WORK:  EXCELLENT     SATISFACTORY     UNSATISFACTORY



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