



Timesheet

COMPANY NAME			
ADDRESS		CITY	STATE ZIP
SUPERVISOR	DEPARTMENT	JOB TITLE	WEEK ENDING SUNDAY / /
EMPLOYEE NAME (please print)		SOCIAL SECURITY NUMBER	

I hereby certify that the hours detailed below were worked by me during the week ending shown above, and were properly certified by authorizing personnel of the named client company above. I fully understand that I am to contact Apollos Partners, LLC after completing the assignment to determine if there is additional work available for me. I agree that if I do not contact the office upon completion of the assignment then Apollos Partners, LLC. can rightfully assume I am not available for employment. Also, I understand that any alterations will void this timesheet and all unsigned timesheets will be returned to me without a check.

EMPLOYEE SIGNATURE: X _____ DATE: ___ / ___ / ___

DAY	DATE MM/DD/YYYY	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY	/ /			()	
TUESDAY	/ /			()	
WEDNESDAY	/ /			()	
THURSDAY	/ /			()	
FRIDAY	/ /			()	
SATURDAY	/ /			()	
SUNDAY	/ /			()	
CLIENT NOTE >	PLEASE WRITE TOTAL HOURS IN WORDS IN THE SPACE ABOVE.			TOTAL HOURS	

MINIMUM 4 HOURS PER EMPLOYEE PER DAY—CLIENT NOTE:

Completion of this form by the client constitutes a certification that the TOTAL hours stated above are correct, that the work was performed satisfactory, and agreement by the Client to the CLIENT TERMS AND CONDITIONS printed at the bottom of this form.

CLIENT SIGNATURE OF ACCEPTANCE	PLEASE PRINT NAME	DATE
X Authorized Signature		

EMPLOYEE TERMS AND CONDITIONS:

Please call our office if you are unable to work the predetermined hours, or if you are unable to attend work. All time is to be recorded to the nearest ¼ hour. All work performed in excess of 40 hours per week (Mon.-Sun.) will be paid at time and one-half of the standard pay rate. Overtime is only permitted if requested and pre-approved by the client. Furthermore, approval must first be obtained from us by the client.

CLIENT TERMS AND CONDITIONS:

Please do not advance monies to Apollos Partners, LLC employees. All temporary and permanent placement fees are due upon receipt. As stated in the services agreement, if your firm or any of its affiliates, subsidiaries or clients hire the employee named above during the temporary assignment or within a period of one year after the last day of any assignment with your company on a full time or contract basis, your firm agrees to pay the permanent placement fee of 20% of the first year salary or annualized hourly rate of said employee. The foregoing also applies, without limitation, when the client enters into a prime vendor contract or other agreement with another staffing company that hires the employee to service the client.