



Employee Time Record

Home Office

501 Greene Street • Augusta, GA 30901 • (706) 724-8367

Please call your supervisor as soon as your assignment ends!

CLIENT NAME	SSN (last four digits)	WORK WEEK DATES (Monday - Sunday)	
		FROM	TO
EMPLOYEE LAST NAME	FIRST NAME	MIDDLE	

Please cross out days not worked this week.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
IN							
OUT							
IN							
OUT							
TOTAL							

ANY CORRECTIONS ON TIME RECORD MUST BE INITIALED BY CLIENT

TOTAL HOURS FOR WEEK TO NEAREST QUARTER HOUR _____	HAVE YOU COMPLETED THIS ASSIGNMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID YOU WORK THIS WEEK AT MORE THAN ONE LOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No
WERE YOU ABSENT DURING YOUR REGULARLY SCHEDULED WORK HOURS? YES <input type="checkbox"/> NO <input type="checkbox"/> How many hours? _____		

I understand that if I do not indicate on this time record and do not call in for work, **Management, Analysis & Utilization, Inc. (hereinafter referred to as MAU)** may assume that I am not actively available for and seeking work and unemployment benefits may be denied. I understand that any employer for whom I subsequently work who learned of my availability through my association with MAU must utilize my services through MAU or pay the appropriate liquidation charge. I certify that the hours shown above were worked during the week indicated. While on this assignment I have not had or witnessed any work related injuries or illnesses that have not been reported to MAU.

Employee Signature _____

Be sure your time record is signed!

CLIENT AGREEMENT (BEFORE SIGNING, PLEASE READ)

It is hereby certified that the hours shown on this time record are correct and that the work was performed by named employee. It is agreed that insurance furnished by MAU does not cover physical loss or damage caused by the operation of the client's machinery, vehicles, automobiles or trucks by MAU employees. It is agreed that the client shall accept full responsibility for bodily injury, property damage, fire, theft, collision, or public liability damage claims while an MAU employee is operating the client's machinery or vehicle whether owned or rented. It is understood that the below client will not entrust MAU employees with unattended premises or any part thereof, handling of cash, negotiables or other valuables, without written permission from MAU and then only when an employee's specific duties necessitate such activity. It is understood that under no circumstances will MAU be responsible for claims under MAU fidelity bond unless such claims are reported to MAU by the client within 10 days after occurrence. Client shall defend, indemnify and save MAU harmless from any and all fines, penalties and assessments, including attorney's fees, incurred by MAU as a result of any 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 client and to which MAU employees are assigned. Client agrees to provide MAU employees assigned to it safety and health training specific to the work to be performed. Client will provide a workplace in compliance with OSHA regulations and the Americans with Disabilities Act. Client will notify MAU should there be any change in employee's assignment other than the original duties described to MAU.

The client understands that MAU services are made possible only by a substantial investment in advertising, testing, and training a large staff of personnel, and that MAU services are unique and protected under trade secret law. Therefore, in consideration thereof, the client agrees that in the event they desire to hire an employee of MAU within twelve months of the employee's current assignment, they will keep said employee on the payroll of MAU for an agreed upon period of time or pay a liquidation charge. The same liquidation charges apply to the client if the MAU employee subsequently works at the same location for another staffing service or outsourcing company within the same 12 month period described herein.

The client agrees that the signature shown below is an authorization of MAU terms and fees for services rendered. Terms of payment are net 10 from the date of invoice and finance charges occur at a periodic rate of 1 1/2% per month which is an annual rate of 18% per year. Client agrees to pay the default charge together with all costs of collection including but not limited to attorney's fees.

OVERTIME applies to all hours worked on holidays and weekends and all hours worked over 40 in one week, unless different terms are agreed upon between MAU and client. MINIMUM CHARGE: four (4) hours per day

Client/Mgr Signature _____ Title _____ Date _____

Company/Location _____ Phone _____

W.E.	SKILL	T. HR.	PAY	BILL	OT HS/RT	DT HS/RT
CUST. #	DEPT	REFERENCE			MISC. AMT.	
ORDER #	ASSIGN #	BILL TO CODE			VAC HRS	HOL
PAY AMOUNT				BILL AMOUNT		