



TIME TICKET

BRANCH #

DEPARTMENT/FLOOR:

WEEK ENDING (SUNDAY)

/ /

EMPLOYEE NAME (PRINT)

TERMS AND CONDITIONS

In consideration of the services provided by Protocol and intending to be legally bound, the Customer (the "Client") on the face of this time ticket hereby certifies and agrees to the following:

Hiring Policies: Customer agrees not to hire a Protocol employee directly or permit or transfer any employee from Protocol's payroll to another agency's payroll. If the Customer wishes to hire a Protocol employee, or transfer any employee to another agency's payroll, Customer agrees to pay Protocol a separation fee. Protocol will establish the separation fee and list it in a written letter and invoice the Customer. All account balances must be paid in full prior to hiring an employee. Customer agrees that Protocol's employees are independent contractors and are not leased employees.

Customer Equipment, Valuables, etc.: Unless prior written consent is given by Protocol, Customer will not entrust temporary workers with unattended premises, cash, negotiables, products, equipment, or other valuables nor allow such personnel to operate your motor vehicles. Protocol is not responsible for any physical loss or damage caused by the operation of customer's equipment, vehicles, automobiles, or trucks by Protocol's employee. It is further agreed that if the customer should allow our temporary employee to operate equipment, vehicles, automobiles, or trucks (whether owned, rented, or leased), the Customer shall accept full responsibility for bodily injury, property damage, fire, theft, collision or public liability damage. The Customer warrants that they are in compliance with all OSHA regulations. Customer agrees to indemnify and hold Protocol harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises, whether owned or controlled by Client, and to which Protocol employees are assigned. Additionally, the customer shall not advance cash or other valuables to Protocol's employees for any reason, and the customer waives any and all rights to the amount or value of any such cash or valuables advanced against monies owed to this company.

Indemnification: You agree to indemnify and hold Protocol harmless from and against any and all liabilities, claims, demands, suits, losses, damages, judgments, costs, and expenses including attorney's fees for bodily injury to or death of any person, or damage to or destruction of any property directly caused by any negligent or intentional act or omission on the part of your officers, employees, or agents. You agree to be responsible for any damages suffered by any person as a result of actions taken or not taken by Protocol employees while under your direction and control and pursuant to your instructions and directions.

Nothing in this agreement is intended to affect rights protected by State Workers' Compensation Laws.

Misc: Unless licensed to do so, the Customer shall not authorize Protocol employees to dispense or administer medications. Customer agrees to report all injuries (whether it be Employee injuries or Customer injuries) within a twenty-four (24) hour period.

Protocol is not responsible to make a claim under its Bonding insurance unless such claims are reported to Protocol in writing within 30 days of the occurrence. Claims that are submitted to Protocol insurance companies are processed according to the terms and conditions of the policy. Submitting a claim does not constitute agreement by Protocol or its insurance company to pay a claim.

DAY	DATE MO/DAY/YR	START TIME	MEAL BREAK		END TIME	TOTAL HOURS	AUTHORIZED CLIENT SIGNATURE
			IN	OUT			
SUN							
MON							
TUE							
WED							
THUR							
FRI							
SAT							

Please complete time ticket and mail or fax no later than Monday at 12 noon.
Use a separate time ticket for each Client.

FOR EMPLOYEE USE ONLY

LAST FOUR DIGITS / SOCIAL SECURITY NUMBER:

EMPLOYEE SIGNATURE: _____

I hereby certify the hours shown herein were worked by me during the week ending designated, and were certified by an authorized rep. of the Client. I understand that if my assignment is complete. I must contact Protocol for additional work and if I do not do so, I am not available for additional assignments. Furthermore, I certify that I have not sustained any work-related injuries during this assignment.

FOR CLIENT USE ONLY

Authorized Client
Name/Title – Printed: _____

Authorized Client
Signature: _____ DATE: _____

My signature constitutes verification of employee hours worked and agree to be billed accordingly. I agree to the terms and conditions listed on the right side of this time ticket.

Company Name: _____

Dept.: _____