



TIME TICKET

BRANCH #

DEPARTMENT/FLOOR:

WEEK ENDING (SUNDAY)

/ /

EMPLOYEE NAME (PRINT)

TERMS AND CONDITIONS

In consideration of the services provided by Protocolcall 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 Protocolcall employee directly or permit or transfer any employee from Protocolcall's payroll to another agency's payroll. If the Customer wishes to hire a Protocolcall employee, or transfer any employee to another agency's payroll, Customer agrees to pay Protocolcall a separation fee. Protocolcall 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 Protocolcall's employees are independent contractors and are not leased employees.

Customer Equipment, Valuables, etc.: Unless prior written consent is given by Protocolcall, 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. Protocolcall is not responsible for any physical loss or damage caused by the operation of customer's equipment, vehicles, automobiles, or trucks by Protocolcall'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 Protocolcall 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 Protocolcall employees are assigned. Additionally, the customer shall not advance cash or other valuables to Protocolcall'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 Protocolcall 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 Protocolcall 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 Protocolcall 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.

Protocolcall is not responsible to make a claim under its Bonding insurance unless such claims are reported to Protocolcall in writing within 30 days of the occurrence. Claims that are submitted to Protocolcall insurance companies are processed according to the terms and conditions of the policy. Submitting a claim does not constitute agreement by Protocolcall 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			
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
TOTAL HOURS							

Please email your time ticket to payroll@protocolgroup.com by 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 Protocolcall 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.: _____

INITIAL FOR OVERTIME AUTHORIZATION: _____ COST CENTER # _____