

EMPLOYEE TIMESHEET

EMAIL OR FAX COMPLETED TIME SHEET TO: corpadmin@olystaffing.com

COVINA/ORANGE FAX: **(909) 354-3760** (efax) ARCADIA FAX: **(626) 608-0311** (efax)

588 South Grand Avenue, Covina, CA 91724

EMPLOYEE NAME:									Last four	digits of SSN	
Week Ending:									Office Use Only		
(Monday to Sunday)	DATE	TIME STARTED	Meal Break Out	Meal Break In	2nd Meal Break Out	2nd Meal Break In	TIME FINISH	HOURS WORKED	RG	ОТ	DT
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
ROUND HOURS	T QUARTER	HOUR				TOTAL					
ASSIGNMENT COMPLETED: YES NO (Circle one) If Assignment Complete, Contact Olympic Staffing Services at (626) 967-5255 or (626) 447-3558. Employees may not exceed eight (8) hours per day or forty (40) hours per week except with Customer's permission. Employees working at more than one company during the week (Monday -Sunday) may not have hours exceeding forty (40) except with OLYMPIC'S permission.											
Rest periods of 10 employees. A sec	o minutes for	each four (4)						atory for all			
Employee Agree or major fraction t delayed if this time	hereof, that I	have worked	and I have be	een provided	with meal per	riods in accord	dance to stat	e law. I under	stand that m		
EMPLOYEE SIG	GNATURE:							DATE			
								DATE			
CUSTOMER	NAME:										
BILLING ATTEN											
BILLING ADDR	ESS:										
Customer Agree understand that if terms and condition	our compan ons stated in	y wishes to hi Customer Ag	re this person	, we will resp							
CUSTOMER SI	GNATURE:										

Customer Agreement

Customer agrees that the utilization of the above named person on either a temporary or permanent basis within one (1) year from date on time sheet will be through OLYMPIC STAFFING SERVICES. If customer desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to OLYMPIC STAFFING SERVICES and the person will remain on the OLYMPIC STAFFING SERVICES' payroll for a period of 720 hours or an agency fee from date of notification.

It is understood that the individual signing this time sheet is an authorized customer representative and hereby certifies that the hours are correct and that the work was performed satisfactorily.

The customer agrees that no insurance is afforded by OLYMPIC STAFFING SERVICES for physical loss or damage to customer's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody or control of OLYMPIC STAFFING SERVICES, its agents or employees and that OLYMPIC STAFFING SERVICES shall not be liable for physical loss or damage to said property or loss of said property caused by OLYMPIC STAFFING SERVICES, its agents or employees. Also, the customer accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of OLYMPIC STAFFING SERVICES employee driving such vehicles.

Customer will not entrust OLYMPIC STAFFING SERVICES employees with the care, custody or control of cash, negotiables, valuables or other similar property.

TIMESHEET MUST BE DELIVERED TO OLYMPIC STAFFING SERVICES BY NOON ON MONDAY.

CUSTOMER SIGNATURE

You can print additional copies of this Time Sheet from our website **www.olystaffing.com** - click on **Job Seekers**, then click on **Employment Documents**, in the center of the screen, click on **Olympic Time Sheet**.