

720 Barret Avenue P: (502) 581-9861 www.talisgroup.com Louisville, KY 40204 F: (502) 581-0587

Client's Name:				Employee's Name:			
Time Report for the	ne Work Week En	ding on		Total Hours Work	ed:		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Starting Time							
Lunch Time							
Ending Time							
Total Hours (minus lunch)							
all hours I worked Group if I believe disability, genetic Group if I am aske	 I certify that I did I have been discring information or any ed to do anything 	d not drive a moto iminated against o y other characteris	r vehicle as part of r harassed based tic protected by ap k Talis Group assi	my work during the contract may race, color, plicable federal, stagned me to do for	is work week. I ad religion, sex, nation tate or local law. I	s work week. I cer gree to immediatel onal origin, pregnal agree to immediat	y notify Talis ncy, age,
their wages and p their personnel ar CLIENT's respons provide safe work 2. CLIENT certific GROUP for these collection efforts b	provide the benefit and payroll records; sibilities are to pro- cing conditions; an es that the time shall hours at the docu- pecome necessary	s TALIS GROUP of and to pay, withh operly supervise As d to exclude Assigneet accurately refumented rates upon y, CLIENT shall be	offers to them (incloold, and remit payressigned Employees and Employees from the contract all hours the contract of TALIS	uding unemploymer oll taxes and make some its benefit plans employee actually GROUP invoices. I collection costs, i	ent insurance and e other payments e for and to safego s, policies and pra worked, no more If CLIENT fails to	ler CLIENT's super worker's compensa- required by law as uard all aspects of ctices. and no less. CLIEN pay for services re- imited to, attorney	ation); to maintai their employer. its business; to NT will pay TALIS endered and
3. CLIENT will no	ot ask or permit As	ssigned Employee	s to use any vehicl	e or entrust them v		remises, cash, che out the prior writter	
4. If CLIENT uses other than TALIS must notify TALIS	GROUP during or GROUP and (a)	within 365 days a continue the Assig	after any assignme	nt of the Assigned ssignment from TA	Employee to CLIE ALIS GROUP for h	ctor, or through an ENT from TALIS Gl iis or her next 520 er.	ROUP, CLIENT
			o pay or indemnify staffing relationship		ncidental, consequ	uential, exemplary,	special, punitive
the basis of race, applicable federal religion, sex, nation	color, religion, sex l, state or local law onal origin, pregna	x, national origin, p v. CLIENT also do ancy, age, disabilit	oregnancy, age, dis es not tolerate har	sability, genetic info assment or discrimion or any other ch	ormation or any of nination in employ naracteristic protect	or discrimination ir ther characteristic pent on the basis of ted by applicable f	orotected by of race, color,
On behalf of CLIE	ENT, as CLIENT's	authorized repres	entative, I agree to	the foregoing term	ms and I certify the	hours reported ab	oove are correct.
Printed name and	I title of CLIENT's	authorized repres	entative:				_
Representative's	Signature:			Date:		Revised 2/	1/19