



Assigned Employee Time Sheet

Client's Name: _____

Employee's Name: _____

Time Report for the Work Week Ending on _____

Total Hours Worked: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Starting Time							
Lunch Time							
Ending Time							
Total Hours (minus lunch)							

I, the Employee identified above, certify that I worked and reported the hours shown on this report during this work week. I certify that I reported all hours I worked during this work week. I certify that I did not drive a motor vehicle in the course of my work during this work week. I agree to immediately notify Talis Group if I believe I have been discriminated against or harassed based on my race, color, religion, sex, national origin, pregnancy, age, disability, genetic information, or any other characteristic protected by applicable federal, state, or local law. I agree to immediately notify Talis Group if I am asked to do anything other than the work Talis Group assigned me to do for CLIENT.

Employee's Signature: _____

Date Employee Signed: _____

General Terms:

1. TALIS GROUP's responsibilities are to assign its qualified employees (Assigned Employees) to work under CLIENT's supervision; to pay their wages and provide the benefits TALIS GROUP offers to them (including unemployment insurance and worker's compensation); to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and make other payments required by law as their employer. CLIENT's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions; and to exclude Assigned Employees from CLIENT's benefit plans, policies, and practices.

2. CLIENT certifies this time sheet accurately reflects all hours the employee worked, no more and no less. CLIENT will pay TALIS GROUP for these hours at the agreed upon rates upon receipt of TALIS GROUP invoices. If CLIENT fails to pay for services rendered and collection efforts become necessary, CLIENT shall be responsible for all collection costs, including, but not limited to, attorney fees and costs, court fees, collection agency fees, and any other costs associated with collection efforts.

3. CLIENT will not ask or permit Assigned Employees to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the prior written permission of TALIS GROUP.

4. If CLIENT uses the services of any Assigned Employee as its direct employee, as an independent contractor, or through any person or firm other than TALIS GROUP during or within 365 days after any assignment of the Assigned Employee to CLIENT from TALIS GROUP, CLIENT must notify TALIS GROUP and (a) continue the Assigned Employee's assignment from TALIS GROUP for his or her next 520 consecutive work hours for CLIENT or (b) pay TALIS GROUP a fee in the amount of 20% of the offered salary, whichever is higher.

5. Neither CLIENT nor TALIS GROUP will be liable to pay or indemnify the other for any incidental, consequential, exemplary, special, punitive or lost profit damages, or expenses arising from their staffing relationship.

6. CLIENT recognizes TALIS GROUP is an Equal Opportunity Employer that does not tolerate harassment or discrimination in employment on the basis of race, color, religion, sex, national origin, pregnancy, age, disability, genetic information, or any other characteristic protected by applicable federal, state, or local law. CLIENT also does not tolerate harassment or discrimination in employment on the basis of race, color, religion, sex, national origin, pregnancy, age, disability, genetic information, or any other characteristic protected by applicable federal, state, or local law, and agrees to cooperate with TALIS GROUP in investigating alleged violations of these policies.

On behalf of CLIENT, as CLIENT's authorized representative, I agree to the foregoing terms and I certify the hours reported above are correct.

Printed Name of CLIENT's authorized representative _____

Printed Title of CLIENT's authorized representative: _____

Representative's Signature: _____ Date: _____