



[_____] <<< Enter Company name

MASTER TIME SHEET

Date:

Location:

A Helping Hand Employee Name	Time In	Time Out	Lunch Break	Reg. Hrs	OT Hrs.	Total Hrs.	Employee Initials

Customer Agreement: The hours recorded above are correct and the work was performed in a satisfactory manner. I understand that I am not to pay the employee directly for this service but I will pay A Helping Hand (the agency) each week after receiving its invoice. I understand that the agency will not be responsible for any claims made under the fidelity bond unless such claims are made in writing within 14 days of the occurrence. I will not authorize agency employees to operate any vehicles or equipment without first obtaining permission from the agency office. Bills are payable upon receipt. I agree not to employ, either directly or indirectly, any of the above employees for a period of 90 days following the completion of this assignment. In the event I violate this agreement, I agree to pay the agency, on demand, the sum of \$1000.00 per employee as liquidated damages plus reasonable attorney fees for collection.

Customer Approval

 X

Phone No: () - _____

Name (Please Print)

Approved by: