



SKILLED

| | | | | |
|---------------------|--|-------|------------|--|
| LAST NAME | | INIT. | FIRST NAME | |
| SOCIAL SECURITY NO. | | | | |
| ADDRESS | | CITY | ZIP | |

Total Hours Worked
 Round to nearest quarter hour.
4 HOUR MINIMUM
 for each day worker is requested.

| | | |
|----------|-------|-----|
| CUSTOMER | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

| STRAIGHT TIME | | OVERTIME | |
|---------------|------|----------|------|
| HRS. | MIN. | HRS. | MIN. |

| |
|-----------|
| REPORT TO |
|-----------|

INDUSTRIAL PLEASE PRESS HARD WHEN PRINTING

| DATE WORKED | TIME IN | LESS LUNCH | TIME OUT | REG. HRS. | O.T. HRS. | OFFICE USE ONLY |
|-------------|---------|------------|----------|-----------|-----------|-----------------|
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THUR | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

STAND-BY OFFICE USE

| | |
|-----------------|------|
| CUSTOMER NUMBER | W.C. |
|-----------------|------|

CUSTOMER USE

CUSTOMER NOTICE: Your signature below certifies that above hours are correct and work has been done in a satisfactory manner and signifies acceptance of the terms and conditions stated on the reverse side of this card.

| | |
|-----------------|------------|
| P.O. | START TIME |
| TERRITORY | COORD. |
| JOB DESCRIPTION | |

| |
|--------------------|
| CUSTOMER SIGNATURE |
|--------------------|

| PAY | BILL |
|-----------|-----------|
| REG. HRS. | REG. HRS. |
| O.T. HRS. | O.T. HRS. |
| RATE | RATE |

Mail Check Will Pick Up WEEK ENDING SUNDAY
 MO DATE YR

Assignment Completed ___ Yes ___ No Available for assignments ___ Yes ___ No

| | | | |
|-------------|-------------------|----------------|-------------|
| RECEIVED BY | BEGINNING ADVANCE | ENDING ADVANCE | RECEIVED BY |
|-------------|-------------------|----------------|-------------|

TO THE CUSTOMER:

Thank you for letting us be of service. Please read the following terms and conditions for our mutual benefit.

TERMS AND CONDITIONS

Signature of the authorized representative of the named customer on the front of this time card certifies that the hours entered are correct and the work has been performed in a satisfactory manner. Signature further certifies agreement between STAND-BY and customer to the following terms and conditions.

1. Please realize that STAND-BY PERSONNEL has expenses in maintaining a temporary staff (advertising, testing, reference checks, etc.) and that if we transfer one of our employees to your payroll, before 520 hours from the date of completion of assignment, a liquidation fee will be charged. Details of the choice between a cash settlement or a term arrangement are available from our office.
2. Customer agrees not to permit STAND-BY PERSONNEL employees to operate any motor vehicle, as STAND-BY PERSONNEL can not maintain insurance coverage of this type. Should there be any damages as a result of our employee having operated such equipment, STAND-BY PERSONNEL is in no way to be held responsible for such damage. Our bonding insurance does not cover employees when acting as custodians of cash or negotiable instruments and it is agreed that STAND-BY PERSONNEL is not to be held responsible for any such losses as a result of our employee acting as custodians of any cash or negotiable instruments.
3. Customer agrees not to advance cash or other payments to STAND-BY PERSONNEL employees and customer waives any and all right to claim from STAND-BY PERSONNEL for the amount or value of any such advances.
4. Customer accepts full responsibility for claims, including the defense thereof, involving CUSTOMER NEGLIGENCE leading to bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage.
5. Any unsatisfactory workmanship must be reported to us within the first 4 hours. STAND-BY PERSONNEL will not be responsible for damaged material, tools, equipment, performance or quality of work performed as our employees are under the direct supervision and control of customers supervisors.
6. Client shall hold harmless STAND-BY, Inc. from claims and demands arising out of the OCCUPATIONAL SAFETY AND HEALTH ACT as it relates to premises owned or controlled by the Client to which STAND-BY, Inc. employees are assigned. Client shall provide a SUITABLE PLACE for STAND-BY, Inc. employees to work in performance of the services to be rendered under this agreement.
7. Payment due on receipt of invoice. A 1-1/2% monthly service charge will be applied to amounts outstanding in excess of 30 days. Should it become necessary for STAND-BY, Inc. to effect collection of any amounts due and owing herein, customer agrees to pay all collection costs including reasonable attorney's fees.
8. Please retain the copy of this time card marked "Customer Copy." Use this copy to match up with our invoice to insure correct billing. We bill weekly and our terms are net due upon receipt of invoice.
9. Customer agrees to comply with right-to-know laws, OSHA and other state and federal statutes, and notify SBI and SBI employees of exposure to hazardous situations (both actual and potential), and chemicals, and provide proper safety and health training (including a hazard communication), safe working conditions and necessary and required safety and other equipment.

TIME CARD-RETURN TO STAND-BY FOR PAYROLL