

STAFFING RESOURCES, LLC./MED RESOURCES, LLC.

WEEKLY TIMESHEET

Week Ending: _____

Client: _____

	Date	Time In	Time Out	Lunch /Break	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Employee's FULL Name:				Total Hours For The Week	
Employee's SS#:				Hrs = 40+ Please Initial (O.T.)	

I certify that the information contained in this timesheet is true and complete.

Supervisor's Signature: _____

Date: _____

I certify that the total hours shown above are true and correct. The work was performed in a satisfactory manner and my signature is authorization to bill the named company (the "Customer") for these hours. We understand that this person is an employee of Staffing Resources, LLC./Med Resources, LLC. ("Staffing Resources, LLC.") and is referred to us on a temporary basis while searching for employment through its permanent employment agency division. In the event that we or any of our affiliates, or any company to whom we assign this person either (1) employ this person on a temporary or permanent basis (2) use this person's services in a consulting or freelance capacity, or (3) use this person's services through another temporary service within (90) days after termination of this person's temporary assignment, we agree to pay Staffing Resources, LLC. its standard placement fee for permanent employee placement pursuant to its fee schedule then in effect, computed on the basis of annualized earnings. (A copy of Staffing Resources, LLC.'s current fee schedule may be obtained upon request). Being duly authorized on behalf of the customer, I hereby confirm the prior agreement between Staffing Resources, LLC. and the Customer with respect to the services performed hereunder and any future services that (a) the customer shall not entrust Staffing Resources, LLC. employees with unattended premises, cash, negotiables, or any other valuables, or authorize such employees to operate machinery or motor vehicles without the prior written consent of Staffing Resources LLC. in each instance. (b) Staffing Resources, LLC.'s insurance does not cover loss or damage caused, directly or indirectly, from the operation of the Customers' owned or leased motor vehicle (c) by Staffing Resources, LLC.'s employees and the Customer therefore accepts full responsibility from any and all claims resulting therefrom, including with limitation, claims for bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a Staffing Resources, LLC. employee operating such vehicle(s) or arising out of or involving violation by the Customer of (a) above. (c) Staffing Resources, LLC. is not responsible for claims made under fidelity Bond unless claims are reported in writing to it by the Customer within 30 days after the occurrence of an event giving rise to a claim, and (d) the Customer shall indemnify and hold Staffing Resources, LLC. harmless from any and all claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by the Customer and to which the Core employee is assigned. The Customer recognizes Staffing Resources, LLC.'s "employer-employee" relationship with its personnel, and accepts the obligation to discuss with Staffing Resources, LLC. all matters concerning their employment, including without limitation, job assignments, permanent placement with the Customer and payroll procedures. We agree to pay Staffing Resources, LLC. a late payment charge on "overdue" invoices at the rate of one and one half percent (1½%)/month (or the maximum rate permitted by law, if less). An invoice will be deemed "overdue" if not paid within 60 days from its issuance. We also agree to pay Staffing Resources, LLC. its reasonable costs for collection, including reasonable attorney's fees and expenses.