



PO Box 5432  
 Bradford, MA 01835  
 PH 978-373-2095 - FAX 978-945-6574

**TIME CARD**

Employee Name: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Client Name: \_\_\_\_\_

Day	Straight Time	Over Time	Total
Sun			
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
<b>Totals</b>			

**Service Agreement Provision**

Client shall not change the pre-agreed duties of the temp, upon which the hourly rate was predicated, without the staffing firm's prior written (e.g., email) approval, including expressly prohibiting the client from allowing the temp to handle negotiables, money and other valuables, to handle alcohol, or to operate equipment or vehicles;

Without such approval, the staffing firm would not be responsible for any claims resulting from any client violation of the provision.

The client shall defend and indemnify the staffing firm, and hold it harmless, from any and all claims arising from, or related to, the client's violation of this provision.

\_\_\_\_\_  
 Contractor Signature

\_\_\_\_\_  
 Authorized Client Signature

**\*\*Remember, time card must be faxed and received no later than\*\***  
**\*\*Monday by 10:00 AM\*\***