


## Important Timecard Information for Employees

Please fill out your timecard in the spaces provided below. Make sure your supervisor approves your hours and signs the timecard. Once signed, you can fax it back to Frankel Staffing (FSP) at 919-783-6433. If you would prefer to email your signed timecard, please contact FSP for the appropriate email address.

**Please note: FSP must always receive your ORIGINAL timecard.** After faxing or e-mailing a copy, please make sure you keep this signed/original copy to mail to FSP, or deliver to FSP when you pick up your paycheck. [Please note: if you are set-up to have your paycheck mailed to you, make sure you drop this original timecard in the mail so that your check may be mailed to you on time].

If you have any questions regarding timecard procedures, please contact a FSP representative at 919-783-6300. Thank you.

	Phone: (919) 783-6300 Fax: (919) 783-6433	EMPLOYEE NAME (PRINT)				
		SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) <b>XXX-XX-</b>				
The Client Authorized Signature below certifies that: (1) the hours shown are correct, (2) the work was performed in a satisfactory manner, (3) there was no known injury to an employee that was not reported to FSP, and (4) FSP is authorized to bill Client by the terms of the Client Service Agreement for the work performed by the named employee. By signing below, the Client Representative confirms that he/she is authorized to approve time and that FSP may rely upon his/her signature as binding upon client.  <b>CLIENT AUTHORIZED SIGNATURE</b>  Sign: _____  Name & Title: _____  _____  WRITE TOTAL HOURS WORKED IN WORDS _____	Assignment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	CLIENT				
	WEEK ENDING DATE (SUNDAY) / /		Show all hours to nearest quarter hour (i.e. 0.25; 0.50; 0.75)			
	DATE		TIME IN	TIME OUT	LESS LUNCH HOURS	HOURS WORKED
	/	MON	:	:		
	/	TUE	:	:		
	/	WED	:	:		
	/	THUR	:	:		
	FRI	:	:			
	SAT	:	:			
	SUN	:	:			
EMPLOYEE MUST SIGN THIS FORM I certify that I worked the hours reported on this timesheet during the week shown, and I did not experience any accident or injury that I did not report directly to Frankel Staffing Partners.  EMPLOYEE SIGNATURE: _____				TOTAL HOURS FOR WEEK:		

TO RECEIVE YOUR PAYCHECK, THIS TIMESHEET MUST BE RECEIVED BY OUR OFFICE NO LATER THAN MONDAY AT 12:00 NOON  
 Fax: (919) 783-6433

## Important Timecard Information for Clients

**Terms of Service:** The service provided by Frankel Staffing Partners (FSP) and People 2.0 Global, Inc (People 2.0) is the recruitment and supply of individuals who are employees of People 2.0, Inc. ("Associates") to work under the supervision and direction of the client. FSP has the sole right to determine wages and People 2.0 is responsible for all payroll and payroll related taxes, including Workers' Compensation, for the Associates provided. The client will not pay any Associate directly.

**Responsibilities:** The client agrees to use Associates only to perform the duties of the job position described when personnel were requested, and agrees that duties will not be altered without the prior consent of FSP. Client agrees that Associates will not be entrusted with cash, checks or negotiable instruments without the prior written agreement of FSP, and agrees that FSP shall incur no liability as a consequence of any violation of this agreement. Client shall indemnify and hold FSP harmless from any and all claims and damages arising out of client's violation of any labor or employment law, including without limitation, regulations of OSHA, Title VII, the ADA, etc.

**Hiring of Associates:** Client understands that FSP has incurred substantial expense for the advertisement, screening, testing, and training of its personnel. Client agrees to pay a recruitment fee for any Associate that the client may hire within one year of: (a) the date the Associate was provided for an interview or (b) the last day on which the Associate performed work at a client site, unless that Associate has completed the total number of hours specified in a FSP temp-to-hire or contract-to-hire contract.

**Safety:** It is understood that the client controls the workplace and is responsible for providing a safe workplace for Associates. Unless there is a different, specific agreement in writing, client is solely responsible for compliance to all applicable health and safety laws, including any pertinent OSHA and/or FDA regulations and requirements. Client will communicate with FSP and Associates all hazards in the workplace, provide any training or equipment which may be required or normal and customary in its business, and will take due care to protect Associates from exposure to any hazardous conditions or materials. Client agrees that Associates will not operate motor vehicles, forklifts, drill presses, punch presses or power saws without the advance written approval of FSP management, and that FSP will not be responsible for any damage to such vehicles or equipment that may result from unauthorized use by Associates. Client will not permit Associates to work with hazardous chemicals or materials, or to work more than five (5) feet above the ground or on ladders, scaffolds, platforms or rooftops, or in excavations, the floor of which is more than five (5) feet below the ground.

In the event an Associate is injured while performing duties for client that are different from the specific duties agreed and indicated above, client will indemnify, defend and hold harmless FSP from any claims, costs and expenses incurred as a result of that injury, including any medical and/or Workers' Compensation claims. FSP does not accept responsibility for any property loss or damage that may be caused by the negligent or deliberate acts or omissions of the Associates provided. Client understands and agrees that FSP will not accept responsibility for any claims, losses or damages not reported to FSP in writing within ten (10) days of receiving notice of such claim, loss or damage.

**Timekeeping:** Client's signature on this timekeeping form indicates that (1) the work hours shown are correct, (2) that work was performed in an acceptable and satisfactory manner, (3) no Associate is known to have sustained an injury that was not reported to FSP, and (4) Client has agreed to pay for all time shown. Unless there is a different, specific agreement in writing, client agrees to pay an overtime rate of one and one half (1 1/2) times the agreed upon Bill Rates for all work performed by Associates in excess of forty (40) hours per person per week.

**Invoicing:** Client understands that invoices are due and payable upon receipt. Payments made after 30 days from invoice date will include a late charge.