

# TIMESHEET

## Date Week Ending (Sunday)

21840 Northwest Freeway, STE E Cypress, TX 77429-3376 281-890-2220 Option 5

Email to Accounting@tpistaffing.com or Fax to 832-448-9180 DUE BY Tuesday at 8:00 am

| Employee Name:            |                                     |                              |    |
|---------------------------|-------------------------------------|------------------------------|----|
| Customer Name:            |                                     |                              |    |
| Supervisor:               |                                     |                              |    |
| Enter actual hours worked | to nearest .25 hour. Convert minute | s to hundreds as shown below | N. |
| 15 min = .25 hrs.         | 30 mins = .50 hrs.                  | 45 min = .75 hrs.            |    |
|                           |                                     |                              |    |

|             | MON | TUES | WED | THUR | FRI         | SAT  | SUN |
|-------------|-----|------|-----|------|-------------|------|-----|
| Date        |     |      |     |      |             |      |     |
| Start Time  |     |      |     |      |             |      |     |
| Break       |     |      |     |      |             |      |     |
| End Time    |     |      |     |      |             |      |     |
| Total Hours |     |      |     |      |             |      |     |
|             |     |      |     |      | Regular Hou | ırs  |     |
|             |     |      |     |      | Overtime H  | ours |     |
|             |     |      |     |      | Total Hours |      |     |

### **Customer Agreement:**

I hereby certify that being an authorized representative of the company, the designated hours are correct and were performed to satisfaction, and that client agrees to the terms and conditions as defined in the contract.

#### Customer's Signature:

#### **Temporary Agreement:**

I hereby certify that the hours worked are correct and that no accident or injury was sustained while working on the assignment and agree to the terms and conditions as defined in my TPI Employee handbook. I understand that at the end of my assignment I am to notify TPI Staffing, Inc. immediately and discuss my availability for work. If unemployed, I am to report to TPI Staffing each week thereafter on Monday. If I fail to report, TPI Staffing, Inc. may assume I am no longer available for work.

| Temporary's Signature:   |
|--|
| Has the assignment ended? Yes No   |
| Employee Information:  |
| (1) Recording Your Time. Report all times to the nearest ¼ hour. Do not show odd minutes.  |
| (2) Overtime. All authorized work you perform in excess of 40 hours per week (Mon-Sun) will be at time and one-half the regular rate. You are permitted to work  |
| overtime only if the client requests and approves such work. Approval must be obtained from us by the client before overtime can be authorized.                  |
| (3) Lunch. Your lunch period will be determined by the supervisor to whom you are assigned. If you work a full day, the law requires you to take a minimum of or |

v requires you to take a minimum of oneupervisor to whom you are assigned. If you work a fu day, the law half (1/2) hour for lunch.

(4) Absence. Call us immediately. We will contact the client. If you will be out for a number of days, it will be up to the client to decide on replacing you or awaiting vour return.

(5) Future Assignments. If you do not contact us after each assignment, we will assume you are no longer available for work.