



EMAIL to: **payroll@NexusStaffingLLC.com**

PHN **303.736.2008** | FAX **303.736.2196**

Name	Week Ending Date (Sunday)
Last Four (4) Digits of Social Security Number	<input type="checkbox"/> Assignment Completed <input type="checkbox"/> Returning Next Week
Client Company Name	

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Regular Time	Overtime
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
<b>Enter Weekly Totals</b> (Round to nearest quarter hour)						Regular Time	Overtime

**EMPLOYEE NOTICE** — Fill in timecard completely. Have a supervisor or manager sign the timecard to verify hours are correct and authorize payment. Leave appropriate copy with the supervisor or manager who signed the timecard. It is the sole responsibility of the employee to make sure that the timecard is received in our office no later than 10am on Monday. Failure to turn your timecard in by the deadline may delay your check by one week. Failure to notify Nexus Staffing Solutions of the completion of any assignment will be considered job abandonment and unemployment benefits may be denied.

By signing this document below, I certify that I have worked the hours listed and they are true and accurate. My signature also verifies that I have not been denied any breaks or required meal times for this pay period. If I did not receive the required break and meal times during this pay period I understand that I need to notify Nexus Staffing Solutions immediately both verbally and in writing. I also acknowledge that while on assignment this pay period I have not had any workplace injuries and have not been subject to any workplace discrimination or harassment.

\_\_\_\_\_  
Employee Signature Date

**CLIENT NOTICE AND VERIFICATION** — As an agent for Client Company by signing this document I certify that the above named Nexus Staffing Solution employee worked at a satisfactory level and the hours listed are true and accurate. I acknowledge and accept the terms and conditions listed on the back of this time card. This document authorizes Nexus Staffing Solutions to pay employee and invoice Client Company for the hours listed.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Print Name Title

By execution of this form, client certifies that hours shown are correct, work was done satisfactorily, and client agrees to the terms and conditions on this form. Client named or their representative hereby agrees and accepts the following:

1. Contractor (Nexus Staffing Solutions) has incurred substantial recruiting, screening, administrative and marketing expenses in connection with the placement of the employee named on the reverse side. Client agrees that if Client hires this employee prior to 90 days without agreement from Contractor, Client agrees to pay conversion fee.
2. Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner (\*Minimum four (4) hours unless otherwise agreed to by client and contractor)
3. Client confirms that prior agreement between Client and Contractor with respect to the services performed hereunder and any future services.
4. Client has not and shall not in the future without prior written permission from Contractor in each instance (1) entrust Employee unattended on premises, cash, negotiable instruments, or other valuables or authorize Employee to operate machinery or motor vehicle: (2) assign Employee to perform work other than that described at the time Client placed the job order,
5. Contractor's insurance does not cover loss damages caused by Employees operation of Client's owned or leased motor vehicle(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damages sustained or incurred as a result of Employee driving such vehicle(s) or arising out of or involving violation by Client of paragraph 4(1) and/or 4(2) above.
6. Contractor is not responsible for claims made under its liability or bond insurance policies unless such claims are reported to Contractor in writing by Client within 30 days of occurrence.
7. Contractor is not responsible for claims for damage of property within Client or Employee's care, custody and control.
8. In the event of Client's non-payment of Contractor's invoices, Client agrees to be responsible for all collection expenses, including attorneys' fees, interest and court costs.
9. Client accepts obligation to discuss all matters concerning Employee, including without limitation, employee's job assignments, wages and payroll procedures with Contractor and not with Employee directly.
10. Client shall indemnify and hold Contractor, its subsidiaries, affiliates and agents, including the employer of record harmless from any and all claims and damages arising out of Client's violations of employment laws including, without limitation OSHA and EEO and immigration laws.