

Timesheet

Email: payroll@alliedps.com or Fax: 610-821-8808

Please submit your approved timesheets by 5:00pm Monday.

ALLIED PERSONNEL SERVICES

Customer Name					
Record All Times to Nearest 15 Minutes					
Day	Mo/Day	Time In	Time Out	Less Lunch	Total Hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week Ending Date (Sunday)				Total Hrs. For Week	

To Our Employee:

1. This time sheet is your only means of receiving payment. Use a separate time sheet for each assignment and for each week worked. To ensure prompt payment each week it must be filled out correctly and be received by Allied by Monday at 5:00 p.m. Failure to submit your time sheet in a timely and/or proper manner will result in your pay being delayed until the next payroll period.
2. Time sheets must be processed through payroll within thirty (30) days of work complete. Time sheets older than thirty (30) days may not be processed.
3. Any alterations made to a time sheet after the job site contact has signed it must be initialed by the contact. Changes that are not initialed may result in a delay in processing your paycheck. Any intentional falsification of time sheets will result in termination of your employment and may result in prosecution
4. Notify Allied immediately should your job duties differ greatly from those described by your Allied representative.

To Our Customers:

We appreciate the opportunity to be of service to you. Please read the following terms and conditions for our mutual advantages and protection:

1. Your authorized signature certifies that the hours worked as indicated are true and correct and that the work was performed in a satisfactory manner. The services to be performed by employees proved by Allied will be performed under the direction, supervision and control of Customer. It is understood that Allied employees are assigned on the basis of a particular job classification. Customer shall not change the duties of an Allied employee without Allied's prior written approval.
2. Allied employees shall not handle or be entrusted with cash, securities or other valuables without prior written permission from Allied in each instance. Allied employees shall not operate machinery or motor vehicles without prior written permission from Allied in each instance. Customer accepts full responsibility for any physical loss or damage caused by, and any claims arising from an Allied employee operating a Customer owned or leased vehicle.
3. Allied incurs substantial costs to recruit, evaluate, interview, screen and train its employees. Therefore, in consideration of these services, in the event Customer wishes to hire an Allied employee, the Customer agrees to either (a) keep the employee on Allied's payroll for a total of six hundred forty (640) hours AND pay Allied the sum of One Thousand Dollars (\$1000) or (b) keep the employee on Allied's payroll for three hundred and twenty (320) hours AND pay Allied the sum of Forty-Five Hundred Dollars (\$4500) or (c) pay a direct hire placement fee equal to 25% of the referred employee's first year salary, including commissions and bonuses.
4. Customer agrees not to directly or indirectly cause or permit any Assigned Employee assigned to Customer by Allied to transfer to another entity's payroll, or to perform services for Customer while on the payroll of any person or firm other than Allied during the term of the Assigned Employee's assignment to Customer and for 6 (six) months after such assignment ends. Customer agrees to pay Allied liquidated damages in the amount of Five Thousand Dollars (\$5000) per employee if the terms of this paragraph are violated.
5. Customer agrees to indemnify and hold harmless Allied and any of its officers, employees or agents from and against any claim, demand or judgment arising out of any acts or omissions of Customer or its officers, employees or agents. Customer will comply with all applicable federal, State and local laws and regulations, including but not limited to: The Equal Employment Opportunity Act, The Fair Labor Standard Act, and the Occupational Safety and Health Act, and will indemnify and hold Allied harmless from and against any claims, demands, suits, losses, damages, judgments, costs and expenses arising out of any non-compliance or alleged non-compliance by Customer with any such laws or regulations.

Assignment Complete Yes No

Customer signature below signifies verification of above hours worked and acceptance of terms and conditions.

Customer Signature _____

Division or Department _____

By executing this form, I agree that the hours listed were worked by me and were verified by the above authorized employee of the customer and that no injuries were suffered by me. I am aware that I am to call the Allied office to let them know that I have completed the assignment and am available for further work. Allied will assume that I am unavailable to work if I do not contact them weekly.

Employee Name _____

Social Security Number XXX-XX-_____

Employee Signature _____

Please remember to leave a copy of your timesheet with your supervisor.