

EMPLOYEE INSTRUCTIONS:

- 1) MAKE A COPY FOR YOUR ASSIGNMENT SUPERVISOR & KEEP A COPY FOR YOUR OWN RECORDS.
- 2) TIMESHEET DEADLINE IS 10 A.M. MONDAY.
- 3) CHECKS WILL BE AVAILABLE FOR PICKUP BETWEEN NOON & 4:00 ON WEDNESDAY OR WILL BE MAILED ON WEDNESDAY. IF YOU HAVE ELECTED OUR DIRECT DEPOSIT BENEFIT, FUNDS WILL NORMALLY BE AVAILABLE IN YOUR ACCOUNT ON THURSDAY. ON HOLIDAY WEEKS, OUR TIMESHEET DEADLINE AND PAY DATE ARE NORMALLY ONE DAY LATER.

(864) 242-3491 Phone

(864) 370-9753 Fax

GODSHALL STAFFING

PO BOX 1984
GREENVILLE, SC 29602

Division of Godshall and Godshall Personnel Consultants, Inc.

Employee Name	Last	First	Middle	Last 4 Digits of Social Security Number	<u>Time Summary</u> Regular Hours _____ OT Hours _____ Holiday Hours _____ Vacation Hours _____ Consult. Initials _____
Customer Name			Location - Department		
Report To			Week Ending Date (Sunday)		
Employees working at more than one company during the work week may not have hours exceeding 40 except with Godshall's permission.			Godshall Consultant		

DAY	DATE	START TIME	END TIME	LESS MEAL PERIOD	DAILY HOURS WORKED	SUPERVISOR'S INITIALS	OVERTIME HOURS MUST BE INITIALED AND APPROVED BY SUPERVISOR.
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
I wish to use _____ hours of vacation. (Must be whole hours).					Total Hours Worked <i>(rounded to nearest 1/4 hour)</i>		
I wish to use _____ hours of holiday.							
Please pay me _____ referral bonus(es) for the referral of _____.							

Terms and Conditions

Customer Agreement. Except as modified separately in writing, these terms govern Customer's completed and future staffing assignments. Customer includes all subsidiaries, affiliates, partners, co-ventures and subcontractors of the named Customer. No oral statement of any person shall modify or otherwise affect the foregoing terms and conditions. It is agreed that the individual signing this time sheet is an authorized representative of the Customer and hereby certifies that the hours are correct and that the work was performed satisfactorily. Customer agrees that overtime work performed by Godshall Staffing Associates is billed at 1½ times the regular bill rate. Payments are due upon receipt of invoice.

Without Godshall Staffing's prior written consent, Customer will not entrust Godshall Staffing Associates with the care, custody or control of cash, negotiable instruments, valuables, securities, unattended premises, credit cards, check-writing materials, confidential or trade secret information or other similar sensitive property. Customer will indemnify and hold Godshall Staffing harmless and will pay all claims, costs, and attorneys' fees related to non-observance of this section. Customer understands that Godshall Staffing's knowledge and written consent to these positions is necessary so that our company may carry out appropriate screening procedures with employees.

Customer will indemnify, defend and hold Godshall Staffing harmless from all suits, claims and costs arising from an unsafe workplace or from the inherent risks of Customer's business or operation.

Customer agrees to furnish Godshall Staffing Associates with a safe place to work. Customer represents that Customer is familiar with all applicable OSHA requirements and regulations and that Customer is in compliance with OSHA Hazardous Communication Standards as well as state right-to-know laws. Customer agrees to notify Godshall Staffing immediately of the presence of any hazardous materials or chemicals in or near the areas where Godshall Staffing Associates are working or may be assigned to work. Customer will indemnify and hold Godshall Staffing harmless in the event that any OSHA citations are issued and/or any claims are brought based on OSHA violations. Additionally, Customer agrees to pay all costs related to claims including attorneys' fees.

Customer recognizes that Godshall Staffing has invested substantial time and resources in recruiting, screening, and placement of our employees; therefore, customer will pay Godshall Staffing a Buyout Fee for using any Godshall Staffing Associate during the 365 days after the Associate's last assigned work day for Customer. "Using" and "use" include: (i) employing the Associate directly; (ii) purchasing the Associate's services as a temporary, payrolled, contracted or leased employee of an organization other than Godshall Staffing for substantially the same work as the Associate's assignment through Godshall Staffing; (iii) obtaining the Associate's services through any independent contractor, agency, facility staffing or consulting relationship with the person; or (iv) arranging, suggesting, facilitating or allowing the Associate's employment or recruitment by another organization, whether or not the Associate is later assigned to Customer. The Buyout Fee is 30% of Annualized Pay. "Annualized Pay" means the greater of (i) 2,080 times the Associate's last hourly pay rate on assignment for Customer or (ii) the annual salary accepted by the Associate with Customer, whichever is higher. Customer will pay all reasonable costs for Godshall Staffing to investigate the use and to collect the Buyout Fee.

My signature indicates acceptance of the terms listed in the Customer Agreement.

Customer's Signature: _____

Date: _____

Associate/Consultant Agreement. I understand that Godshall Staffing cannot issue payment without presentation of an accurate and completed time sheet signed by me and by an authorized representative of Godshall Staffing's customer and that any time sheet submitted 90 or more days after the work week it represents will be considered void and subject to reverification.

Godshall Staffing time sheets are due weekly. Unless special arrangements have been made, I understand that Godshall Staffing will not recognize hours worked in the absence of a time sheet. Failure to submit current, complete and accurate time sheets can result in disciplinary measures, up to and including termination.

I certify that no accident or injury was sustained while working on the assignment, that I did not report directly to Godshall Staffing.

My signature indicates acceptance of the terms listed in the Associate Agreement and certifies that the hours shown on this time sheet were (i) all hours worked by me during the week designated, (ii) approved in writing by an authorized representative of the customer, and (iii) are accurate.

Comments: _____

Associate's/Signature: _____

Date: _____