

TERMS AND CONDITIONS

Client, as evidenced by the signature of its authorized representative on the reverse side, in consideration for the furnishing of services by Integral Staffing named on the reverse side agrees to adhere to and be legally bound by the following Terms and Conditions. (1) The Client hereby acknowledges that Integral Staffing incurs substantial recruitment, screening, administrative and marketing expenses in connection with the temporary employee named on the reverse side and Client agrees to pay the placement fee of 25% of the first years salary in the event that the Client hires or allows the temporary employee to work on the Client's payroll or on the payroll of another temporary employment service or as a consultant to the Client within six (6) months of having worked for the Client while under the payroll of Integral Staffing, unless otherwise agreed to in writing by both parties. (2) Client certifies that the hours worked and the information listed on the reverse side is correct and the services of the temporary employee identified on the reverse side were satisfactory. Integral Staffing will bill and Client agrees to pay for all hours worked, including overtime premiums incurred, as required by applicable Federal and/or State Law. (3) Client confirms prior agreement between Integral Staffing and Client with respect to the services performed hereunder and any future services; (a) Client shall not entrust Integral Staffing's employees with unattended premises, cash, negotiables, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Integral Staffing in each instance; (b) Integral Staffing's insurance does not cover loss or damage caused by Integral Staffing's employees operating 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 damage sustained or incurred as a result of an employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph (3)(a) above; (c) Integral Staffing is not responsible for claims made under its fidelity bond unless such claims are reported to it in writing by Client within 10 days after occurrence; (d) Client shall indemnify and save Integral Staffing harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Client and to which Integral Staffing employees are assigned. (4) Client acknowledges that fees for services are due net 15 days and are past due after net 30 days, and Client agrees to pay 1-1/2% per month interest for any fees that are past due, and if Integral Staffing requires legal representation to collect on fees past due the Client agrees to pay Integral Staffing for any legal fees and costs that are incurred by Integral Staffing. (5) Integral Staffing does not warrant or guarantee the temporary employee's technical expertise or ability to obtain any specific results. Client understands and agrees that the temporary employee's work is controlled and supervised by the Client and that the Client is ultimately responsible for the temporary employee's work and Client agrees to keep the temporary employee and Integral Staffing free from any liabilities associated with errors and omissions that may be caused by the temporary employee or Integral Staffing. (6) Client understands that Integral Staffing carries worker's compensation insurance that insures office engineering/technical type personnel and does not have provisions for insuring temporary employees working on mechanized machinery of any type. Further, Integral Staffing cannot and will not authorize any of its temporary employees working with any such machinery.

Rev. 4/07

Time Card

COMPANY NAME		WEEK ENDING SUNDAY / /	
ADDRESS		CITY	
JOB TITLE			
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.			
EMPLOYEE NAME (Please Print)			
EMPLOYEE SIGNATURE			
CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED IN A SATISFACTORY MANNER.			
SUPERVISOR'S AUTHORIZED SIGNATURE		TITLE	
SUPERVISOR'S NAME (Please Print)			
DAY	DATE	HOURS TO THE NEAREST QUARTER HOUR	
		START	FINISH (LUNCH)
MON			
TUES			
WED			
THUR			
FRI			
SAT			
SUN			
TOTAL HOURS FOR WEEK		TOTAL HOURS	REGULAR OVERTIME



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WHITE: Office Copy

YELLOW: Client Copy

PINK: Employee Copy