

(Office Use Only)

DATE PROCESSED _____/_____/_____

PROFIT/COST CODE _____

WEEK ENDING DATE _____/_____/_____

CLIENT NAME _____

ASSOCIATE SUPPLIER _____

DEPARTMENT _____

MISCELLANEOUS _____

EMPLOYEE NAME _____

EMPLOYEE ID _____

YOUR EMPLOYEE ID IS MANDATORY FOR PROPER PAYMENT

Note: Mail or deliver your timecard to your TAC office immediately at the end of your work week. An approved timecard must be received by your TAC office before you can be paid. Timecards received after the deadline will be recorded as late hours and your paycheck may be delayed.

EMPLOYEE SIGNATURE

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Client. I understand that I am to contact TAC after completing the assignment to discuss another assignment.

CLIENT APPROVAL

PLEASE PUT AN "X" THROUGH THOSE BOXES FOR REGULAR AND OVERTIME HOURS NOT ACTUALLY WORKED BY THE EMPLOYEE. CLIENT APPROVAL ACKNOWLEDGES THAT HE/SHE HAS READ AND AGREES TO THE TERMS AND CONDITIONS STATED BELOW ON THIS TIMECARD.

	START TIME	LUNCH OUT/IN	FINISH TIME	REGULAR HOURS WORKED	OT/DT HOURS WORKED
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK					

IS YOUR ASSIGNMENT COMPLETED ?

Yes _____/_____/_____ No
Date Completed

CHANGE OF ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

Phone () _____

OTHER CHANGES:

Estimated Finish Date _____/_____/_____

New Manager Name _____

Email _____

TERMS AND CONDITIONS :

Being duly authorized on behalf of the Client referenced on the face of this timecard, the Client hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner, (2) confirms prior agreement between TAC Worldwide and Client, with respect to the services performed hereunder and any further services, that (a) Client will not employ the person(s) named above for a period of 180 days following his/her completion of any work assignment to Client, without prior written permission from TAC in each instance, and upon violation of this restriction, Client shall pay TAC upon demand \$10,000 as and for liquidated damages, (b) Client shall not entrust TAC employees with unattended premises, cash, negotiables and other valuables, or authorize such employees to operate machinery or motor vehicle(s) without prior written permission from TAC in each instance, (c) TAC insurance does not cover loss or damage caused by TAC employees operating Client's owned or leased motor vehicle(s) and that Client 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 TAC employee driving such vehicle(s), or arising out of or involving a violation by Client of paragraph (2) (b) above, (d) TAC is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Client within 15 days after occurrence, and if requested, Client shall report the claim to the appropriate authorities, (e) Client shall pay for, indemnify and save TAC harmless from any and all claims and demands arising out of any violations of the Fair Labor Standards Act and the Occupational Safety and Health Act and the Americans with Disabilities Act as they relate to Client work sites to which TAC employees are assigned. (3) Confirms that (a) Billings will be rendered weekly based on timecards, which we provide to our employee(s) and which must be signed weekly by Client's authorized representative(s). Terms are payable upon receipt. Client agrees to pay TAC within stated payment terms of Due Upon Receipt. By affixing his/her signature to the face this timecard, the duly authorized person (or if a corporation, the corporate officer/agent) agrees to the aforementioned terms and conditions, and that TAC, in the event of litigation arising out of nonpayment of charges, shall be entitled to reasonable costs and expenses incurred, including attorneys' fees, (b) Client may directly reimburse our employee for any out-of-pocket expenses that you may authorize. If TAC is requested to advance monies, the Client is required to immediately reimburse TAC upon receipt of invoice. TAC shall be held harmless for advancing said expenses. Said requests shall be in writing from Client unless otherwise authorized. (4) Confirms that TAC employee's performance is under the Client's direction and supervision and is acceptable to the Client. (5) Confirms that Client agrees and accepts all of the above restrictions as true unless otherwise agreed upon.

Timecards should be faxed to the Payroll Department
at 800-362-0741 or 781-251-8704

PLEASE PHOTOCOPY THIS COMPLETED DOCUMENT FOR YOUR RECORDS.