



(Office Use Only)

DATE PROCESSED \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PROFIT/COST CODE \_\_\_\_\_

WEEK ENDING DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CLIENT NAME \_\_\_\_\_

ASSOCIATE SUPPLIER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

MISCELLANEOUS \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

**YOUR SOCIAL SECURITY NUMBER IS MANDATORY FOR PROPER PAYMENT**  
 Note: Mail or deliver your timecard to your TWC office immediately at the end of your work week. An approved timecard must be received by your TWC 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 TWC 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.

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 Companies 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 TWC in each instance, and upon violation of this restriction, Client shall pay TWC upon demand \$10,000 as and for liquidated damages, (b) Client shall not entrust TWC 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 TWC in each instance, (c) TWC insurance does not cover loss or damage caused by TWC 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 TWC employee driving such vehicle(s), or arising out of or involving a violation by Client of paragraph (2) (b) above, (d) TWC 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 TWC 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 TWC 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 TWC 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 TWC, 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 TWC is requested to advance monies, the Client is required to immediately reimburse TWC upon receipt of invoice. TWC shall be held harmless for advancing said expenses. Said requests shall be in writing from Client unless otherwise authorized. (4) Confirms that TWC 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.

**TAC WORLDWIDE COMPANIES PAYROLL LOCATION LISTING :** (Please check with your TWC contact for specific payroll location.)

Street	City	State	Zip	Phone	Fax
250 Hampton Street, Suite 201	Auburn	MA	01501	508.832.8845	508.832.8924
2600 Telegraph Road, Suite 170	Bloomfield Hills	MI	48302	248.745.9797	248.745.9799
10632 Little Patuxent Parkway, Suite 337	Columbia	MD	21004	410.740.1735	410.715.9706
500 Town Center Drive, Suite 100	Dearborn	MI	48126	313.271.3600	313.271.3928
P.O. Box 850	Dedham	MA	02027	877.898.5470	781.251.8704 800.362.0741
2929 Briarpark Drive, Suite 425	Houston	TX	77042	713.977.6200	713.977.6292
610 West Germantown Pike, Suite 160	Plymouth Meeting	PA	19462	610.834.7340	877.407.4198
101 Metro Drive, Suite 264	San Jose	CA	95110	877.671.7313	408.452.9362
P.O. Box 23777	Tempe	AZ	85285	480.377.0151	480.736.0596
240 Chestnut Street, Suite 1	Warwick	RI	02888	800.525.7555	401.461.4880

PLEASE PHOTOCOPY THIS COMPLETED DOCUMENT FOR YOUR RECORDS.