



Abbott Staffing Group - Torrance Employee Timesheet
Fax to: 310.634.0398

Employee Name: _____

Social Security Number: XXX-XX- _____

Company Name: _____

Employee Certification and Acknowledgement: I certify that the hours shown below represent my total hours worked during the week, and that they were properly verified by the client's authorized representative. My signature certifies that I was not injured and that I did not witness any injuries or accidents while on my assignment this week.

Employee Signature: _____

Enter actual hours worked (less lunch) to the nearest 1/4 hour

Table with 8 columns: Work Date, Start In, Lunch Out, Lunch In, Finish Out, Total Regular Hours, Total Overtime Hours. Rows for Monday through Sunday, and a total row at the bottom.

Call our office as soon as this assignment ends. Is this assignment continuing? Yes ___ No ___ Overtime Approved by: _____

Client Agreement: Client is responsible for the supervision, direction and control of the work performed by ASG temporary employees. All work is to be performed on Client's premises. ASG assumes no liability for loss or damage caused by operation of Client's machinery, equipment, or any vehicles by an ASG employee.

As an Equal Opportunity Employer, ASG has an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. Eastridge employs and dispatches temporary employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran or veteran of the Vietnam era, disability, sexual orientation, or any other basis proscribed by law.

If your organization, including any affiliated entity or division, wishes to hire an ASG employee who has been provided to you on a temporary basis, either during the assignment or within 180 calendar days of the last day our employee worked on assignment, a conversion charge of 15% of the employee's anticipated first-year compensation will apply.

Invoice terms are net 15 days. Client understands that if legal action is required for the collection of invoices, Client is responsible for the interest thereon and all related costs of collection including reasonable attorney's fees.

Your signature certifies that the hours shown are correct and that the work was performed satisfactorily; and constitutes your agreement to our guarantee, conversion options, and all other terms and conditions.

Client name: _____ Client Signature: _____ Date: _____

Please retain timesheet for your records.