



**Personnel Services
Client Agreement**

Client agrees to the following conditions, and consents to be bound by the following:

- Staffing Resources has the sole right to establish the wages and fringe benefits, if any, of its employees, and assumes responsibility for the payment of such compensation, the withholding and payment of all required payroll taxes, and the maintenance of workers' compensation insurance as required by state law.
- Client agrees that if it retains any Staffing Associate for a period of at least one (1) day and it fails to advise Staffing Resources of any complaints regarding the Staffing Associate's performance, Client will be responsible for paying Staffing Resources all fees due for any and all services performed by the Staffing Associate.
- Client acknowledges that Staffing Resources has incurred substantial recruitment, screening, training, administrative and marketing expenses with respect to its Staffing Associates. Accordingly, Client agrees not to directly or indirectly offer to hire, hire, or engage as an independent contractor any Staffing Associate assigned to Client by Staffing Resources for a period of 6 months after completion of the Staffing Associate's assignment, or permit or cause any such Staffing Associate to be placed on the payroll of any other firm for a like period, without the express written permission of Staffing Resources. Client acknowledges that any Staffing Associate referred to Client by resume and/or interview will be governed by this paragraph. In the event Client violates this paragraph, Client promises to promptly pay to Staffing Resources, as liquidated damages/service charges not as a penalty, the sum will be 25% of the employee's first year annual salary. Client also agrees to reimburse Staffing Resources for its reasonable attorney's fees incurred to enforce its rights hereunder. Client shall notify Staffing Resources immediately of the completion or termination of a Staffing Associate's assignment.
- Client agrees to indemnify and hold harmless Staffing Resources, its officers and employees, from and against any and all claims, losses, actions, damages, expenses, liabilities or claims for attorney's fees arising out of or resulting from (a) the Staffing Associate's use or operation of Client's owned, non-owned or leased vehicles, machinery or equipment by Staffing Resources employee, and (b) any negligence, wrongful acts, decisions, statements, acts or omissions by Client, its agents or employees or by any other person.
- Client agrees that it will not entrust Staffing Resources Staffing Associates with unattended premises, cash, checks, negotiable or other valuables without the prior written agreement responsible for claims made under its Fidelity Bond unless such claims are reported in writing to Staffing Resources and the local police by the Client within seven (7) days after notice of loss.
- Client agrees to payment to terms of Net Upon Receipt of invoice, and agrees that unpaid accounts will be considered in default after thirty (30) days, from the date of invoice, after which a late charge will be imposed at the rate of 1.5% per month on unpaid balances (Annual Percentage rate of 18%) or the maximum legal interest rate, whichever is higher. Client agrees to pay the late charges together with any reasonable attorney's fees Staffing Resources may incur to effect collection.
- Client acknowledges and agrees that in the event a Staffing Associate works more than forty (40) hours in any workweek for Client, the Staffing Associate is thereby entitled to compensation at the hourly rate of time and one-half for such overtime hours. Client agrees to reimburse Staffing Resources for all such overtime payments that Staffing Resources pays to its Staffing Associates.
- Client's signature certifies that the hours shown are correct, that the work performed to the Client's satisfaction and authorizes Staffing Resources to bill Client for the hours worked by the named Staffing Associate. Client agrees that the representative who signs this Agreement is authorized to do so and that Staffing Resources may rely upon that signature as binding upon Client.

CLIENT NAME	
ADDRESS	
REPORT TO	DEPT. NAME

I hereby certify that the hours shown hereon were worked by me during the weekending designated, and were certified by an authorized representative of the Client. I understand that I am to contact the Staffing Resources office daily after completing this assignment to discuss another assignment, and, if I do not do so, Staffing Resources may assume that I am not then available for work.

EMPLOYEE NAME (PLEASE PRINT)	
SOCIAL SECURITY NUMBER	P.O. #/DEPT. #/NAME
EMPLOYEE SIGNATURE	

DAY	MONTH /DATE	TIME – IN	TIME – OUT	LESS- LUNCH PERIOD	TOTAL HOURS
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
WEEKENDING DATE (SUNDAY)				TOTAL HOURS FOR WEEK	

FOUR-HOUR MINIMUM PER EMPLOYEE PER DAY

CLIENT AGREEMENT

Please read the conditions in the column listed in the next column. Please cross out any days not worked by the employee and total the hours employee worked. Client's signature indicates acceptance of hours worked and terms and conditions listed in the next column.

X _____

Print Name

Print Title

Staffing Resources is an equal opportunity employer. We do not discriminate on the basis of sex, national origin, age, race, or handicap.

Staffing Resources was voted "Best Staffing Service" by Gwinnett Magazine readers...

2002 - 2012!



**Please fax back to:
770-638-1758**

ALL TIME CARDS MUST BE RECEIVED IN OUR OFFICE BY 5:00 PM ON MONDAY.

All time cards must be signed by your supervisor.

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Staffing Resources Information and Job Postings!

