

facsimile transmittal

To:	ATTN: Payroll	Fax:	503.214.8389
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Re: Facsimile Timecard Pages: 1

Weekly Time Sheet

• Your paycheck will be processed from this facsimile •

 Employee: Employee ID: : : : :
 (clearly print your first and last name) (please enter last four digits of your social security number)

Employee Phone: Week Ending: : :
 SUNDAY MM DD YY

Client/Company:

Day	Date	Time Started	Time Finished	Less Lunch	Daily Total	Total Time Summary	
Monday						Round to the nearest 15 minutes (ex. 0, 15, 30, 45)]
Tuesday						Regular Time Hrs. Mins.]
Wednesday						Quartima	
Thursday						Overtime Hrs. Mins.	
Friday						Double Time	
Saturday						Hrs. Mins.	_
Sunday						Please have time cards faxed	_]
				* Total		no later than 12p.m. noon on Mondays 15725 SW Greystone Court, Ste.110 Beaverton, OR 97006 Ph. 503.906.1000 Fx. 503.214.8389 info@prosourcenetwork.com	

Employee signature:

Date:

I agree to notify ProSource Network within 48 hours of at the end of each assignment. Failure to do so may affect my eligibility for unemployment benefits. I agree that the above stated hours are correct and will be verified by the client.

Manager signature:

Date:

I certify that the above hours stated are correct and I authorize payment. I agree to the Terms of Service on the reverse side of this facsimile.

TO OUR EMPLOYEE:

- Your paycheck is processed from this time card.
- Please fax your time card immediately upon completion of the assignment or at the end of the work week, whichever is sooner.
- It is your responsibility to have your time card completed and turned in on time.
- Your paycheck should arrive with your normal mail delivery by the following Friday or by direct deposit if you have chosen that option.
- If you do not receive it then, call 503-906-1000
- Please have your Employee ID Number and the Sunday Week Ending date of your assignment ready when you call.

INSTRUCTIONS:

- Name: Clearly print your First and Last Name
- Employee ID: Enter the last 4 digits of your Social Security Number
- Week Ending: Enter the date of the Sunday at the end of the week in which you are working.
- Company Name: Clearly print the company name that you are currently on assignment with.
- Daily Time Record: Enter the date that corresponds to the day of the week. Record hours worked daily to the nearest minute. Enter start and finish times and the amount of time taken for lunch. Compute the total hours worked for each day. Enter daily total. Total your daily hours for the week for this assignment, and enter in total time box.

TO OUR CLIENT:

We thank you for using ProSource Network and request that you:

• Verify the hours our employees entered on this timecard by writing out the total number of hours and minutes and signing your name.

TERMS AND CONDITIONS:

- 1. We do not provide insurance for our employees driving any vehicle. We do not provide insurance for any damage or loss to your property while in our employee's care, custody, or control.
- 2. You agree to be responsible for any liability or claims arising out of the operation of any vehicle by our employee while working for you.
- 3. You agree that you will not entrust our employees with unattended premises or any part thereof, handling of cash, negotiables, jewelry or other valuables without written permission from ProSource Network, and then only when an employee's specific duties necessitate such activity. You agree that any claims made under our fidelity bond must be made by you in writing within ten days of the occurrence.
- 4. You agree that you will furnish a suitable place for our employees to work which shall comply with all laws and ordinances related to occupational health and safety and hazardous materials.
- 5. You agree that you will notify us of any changes in the duties of our employees from those originally described to us.
- 6. You agree that we are entitled to our attorney fees together with all expenses (including collection agency fees) if it becomes necessary to hire an attorney or collection agency to collect any sums due or to enforce any other provision of this agreement.