

Smart Staffing Service, Inc.

Week Ending Date (Sat.):

Phone: 508-698-9988 Fax: 508-543-7822

Employee Name:

	DATE	TIME IN	TIME OUT	LESS LUNCH (hrs.)	TOTAL HOURS
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					

TO RECEIVE YOUR PAYCHECK, THIS SHEET MUST
BE RECEIVED BY SMART STAFFING NO LATER
THAN MONDAY AT 12:00 PM

Comments:

Show hours to nearest 15 minutes (.25)

TOTAL HOURS

I HEREBY CERTIFY THAT THE HOURS SHOWN ABOVE WERE WORKED BY ME AND WERE CERTIFIED BY AN
AUTHORIZED EMPLOYEE FOR THE BELOW NAMED COMPANY

CONSULTANT'S SIGNATURE

CLIENT - PLEASE COMPLETE BOTTOM OF THIS FORM

I HEREBY CERTIFY THAT I AM FAMILIAR WITH THE WORK PERFORMED BY THE ABOVE NAMED EMPLOYEE, CONSULTANT OR CONTRACTOR. THAT HE OR SHE HAS WORKED THE ABOVE LISTED HOURS, THAT ALL WORK PERFORMED WAS TO THE SATISFACTION OF THE COMPANY AND THE COMPANY WILL PAY SMART STAFFING SERVICE, THE FULL AMOUNT DUE AT THE RATE PREVIOUSLY AGREED UPON WITHOUT DEDUCTION. THE COMPANY AGREES THAT ALL INVOICES ARE PAYABLE UPON RECEIPT AND THAT IT WILL BE OBLIGATED TO PAY INTEREST AT THE RATE OF 1 1/2% PER MONTH FOR ALL BALANCES NOT PAID WITHIN 30 DAYS. THE COMPANY FURTHER AGREES THAT IN THE EVENT IT IS NECESSARY FOR SMART STAFFING SERVICE TO RETAIN AN ATTORNEY FOR COLLECTION PURPOSES THAT IT WILL PAY ALL REASONABLE ATTORNEYS FEES.

THE COMPANY ACKNOWLEDGES THAT SMART STAFFING SERVICE HAS INCURRED EXPENSES IN ACQUIRING, INTERVIEWING AND SCREENING ITS PERSONNEL AND IN THE EVENT THE COMPANY HIRES THE EMPLOYEE, CONSULTANTS OR CONTRACTORS DIRECTLY EITHER TEMPORARILY OR PERMANENTLY THAT IT WILL PAY SMART STAFFING SERVICE FOR ITS NORMAL PLACEMENT FEES AND REASONABLE ATTORNEYS FEES NECESSARY TO COLLECT SUCH FEES AS WELL AS ANY OTHER REMEDY AVAILABLE TO SMART STAFFING SERVICE. I FURTHER CERTIFY THAT I AM AUTHORIZED ON BEHALF OF THE COMPANY TO EXECUTE THIS DOCUMENT AND AN ACKNOWLEDGEMENT THAT SMART STAFFING SERVICE IS RELYING ON THE INFORMATION CONTAINED HEREIN, AND IN THE EXECUTION HEREOF IN PAYING THE EMPLOYEE, CONSULTANT OR CONTRACTOR.

COMPANY NAME: _____

AUTHORIZED SIGNATURE AND TITLE: _____