

Integrus Staffing Solutions

Return Fax: 817-796-1039

Associate Name: _____ Social Security: _____
 Employee Mailing Address: _____ Telephone: _____
 Company Name: _____ Company Telephone: _____

Day	Date (Month/ Day)	Start Time (Ex: 8:00am)	End Time (Ex: 5:00pm)	Lunch Time (Ex. 1 hour)	Total Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total hours

I am signing this sheet to confirm the hours that I have worked. I understand that I could be criminally charged for falsifying or altering this timesheet.

 Employee Signature Date: _____

I agree to notify Integrus Staffing Solutions immediately, should I be offered direct employment by a client or any subsidiary or an affiliated company, either for a permanent or temporary position within a one-year period after the last day of assignment. I will contact an Integrus Staffing Solutions representative upon completion of each and every temporary assignment for new assignment. Failure to do so may disqualify any unemployment benefits for which said applicant may have otherwise been eligible.

We would greatly appreciate your taking the time to evaluate our temporary according to the following guidelines:

- 1) Excellent 2) Good 3) Average 4) Fair 5) Poor

QUALITY OF WORK: _____ ATTITUDE: _____ INITIATIVE: _____ PUNCTUALITY/ATTENDANCE: _____

OVERALL PERFORMANCE: _____

COMMENTS: _____

Terms and Conditions

Client agrees not to directly or indirectly hire any employees or transfer payroll to another service for 12 months following the last day employee worked at client through Integrus Staffing Solutions. The person assigned is an employee of Integrus Staffing Solutions and shall not be deemed to be your employee. Client assumes complete liability for said employee's actions, in this respect client releases Integrus Staffing Solutions from any liability or loss suffered which may arise out of client using Integrus Staffing Solutions. Client agrees to indemnify and hold harmless Integrus Staffing Solutions. Client also agrees if there payment is not made, I/we agree to pay 1.5% service charge per month on 18% annual on any unpaid invoices 31 days or older. If your company, or any of its subsidiaries, affiliates or successors employ this person on its payroll, or in consulting capacity, within the one year period described earlier, your company or the hiring division, subsidiary affiliate or successor agrees to immediately pay Integrus Staffing Solutions a conversion fee wage to the greater of 1,000 or 1% per thousand dollars of the annualized compensation of the employee(s) up to a maximum of 30% of annual compensation.

Client Signature: _____ Date: _____

Print Name/Title: _____

INTEGRIS STAFFING SOLUTIONS
 901 W. Wall Street Suite 105, Texas 76051
 Phone: 817-210-6202 . Fax: 817-796-1039