

STAFFING SOLUTIONS OF HAWAII EMPLOYEE TIMESHEET

While on Staffing Solutions payroll, associates assigned to Client are employees of Staffing Solutions. As the employer, Staffing Solutions is responsible for any and all federal, state, local, workers' compensation, unemployment, and other mandated taxes and costs for its associates.

Client understands that Staffing Solutions has incurred substantial expense for the advertisement, screening, testing and training of its personnel. Therefore, in consideration of this service, Client agrees that during any temporary assignment or within one hundred eighty (180) calendar days after the assignment ends, if any Staffing Solutions employee is hired as an employee or independent contractor by either a competitor, Client, or Client's associates, affiliates or subsidiaries, or if Client endeavors in any way to assist and/or influence a Staffing Solutions employee to work for Client or a Staffing Solutions competitor, Client hereby agrees to pay Staffing Solutions: (1) an amount equal to the Staffing Solutions placement fee of 15% multiplied by the employee's estimated annual salary, or (2) a minimum fee of \$1,000, whichever is greater.

Staffing Solutions will provide client with a four (4) hour performance guarantee. If, for whatever reason, client is not satisfied with the performance of a Staffing Solutions associate within the first four (4) hours, Staffing Solutions will replace the associate and client will not be billed for that associate, provided that client notifies Staffing Solutions of its dissatisfaction within the four (4) hours of the associates start date. Staffing Solutions will bill Clients on a weekly basis, and Client agrees to pay all Staffing Solutions invoices within thirty (30) days of the invoice date. Payments made after 30 days from invoice date will include a late charge equal to 7% of the original invoice amount.

Client agrees to bear the cost of collection and/or any legal recourse taken by Staffing Solutions to enforce this Agreement. Client understands and accepts responsibility for supervision of Staffing Solutions employees' work on client premises. Client agrees to train Staffing Solutions employees in safety procedures as necessary for performance of the assignment, including disclosure of exposures to hazardous substances. Client will ensure the use of necessary safety equipment by Staffing Solutions employees. Client hereby agrees to defend, indemnify and save Staffing Solutions harmless from any and all fines, penalties and assessments including attorneys' fees incurred by Staffing Solutions as a result of any violations or alleged violations of any Federal, State or local law, regulation or ordinance relating to health and safety with respect to any premises owned or in the care, custody or control of Client and to which Staffing Solutions employees are assigned.

Client agrees that no insurance is afforded by Staffing Solutions for physical loss or damage to Client's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody or control of Staffing Solutions, its agents or employees and that Staffing Solutions shall not be liable for physical loss or damage to said property caused by Staffing Solutions, its agents or employees. Client accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of a Staffing Solutions employee operating any such machinery or equipment or driving such vehicles.

Client will not entrust Staffing Solutions employees with the care, custody or control of premises, cash negotiable, valuables or other similar property, nor will it authorize Staffing Solutions employees to operate machinery, equipment or motor vehicles without prior written permission from Staffing Solutions on each occasion. Should legal recourse be taken by Staffing Solutions to enforce this agreement or any part herein, Client agrees and accepts that it shall be liable for all attorney fees and all court costs. Staffing Solutions shall hold harmless, indemnify and defend Client and its employees, officers and directors, from losses or expenses incurred in connection with any workers' compensation claim or lawsuit brought by a Staffing Solutions temporary employee arising from a work related injury sustained while such temporary employee was working on assignment at Client, except for such losses or expenses resulting from the gross negligence or willful misconduct of Client, its employees or agents. Client shall give Staffing Solutions prompt notice of any such claim or lawsuit and shall cooperate with Staffing Solutions and its counsel in the defense of such claim or lawsuit.

Client acknowledges that Staffing Solutions is an equal opportunity employer, and agrees that it shall not harass, discriminate against or retaliate against any Staffing Solutions associate because of his or her race, religion, national origin, age, sex, disability, marital status or other category protected by law. Client represents that it has in place policies prohibiting harassment in the workplace, and safety.

Please review, sign and fax back to 356-3493. Thank you!

Please ensure of the following:

- Company Name and Department appears on timesheet
- Client Supervisor Signature is on timesheet
- Timesheets are faxed to 356-3493 no later than Monday, 12 Noon

Hours are calculated to the nearest ¼ hour

Example:

- 15 minutes = .25
- 30 minutes = .50
- 45 minutes = .75

Check Distribution

Please initial the appropriate selection for check distribution. If a selection is not made, your paycheck will be mailed to your home address on Friday evening. No exceptions will be made.

_____ Direct Deposit
(If you wish to sign up for Direct Deposit, please contact our office).

_____ Thursday Mail out
(Check will be mailed to your home address on Thursday evenings)

_____ Pick Up Check will be available:
Thursday 4:00pm to 5:30pm
Friday 7:30am 5:30pm



HONOLULU
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(808) 949-3669 ~ Main Fax (808) 949-4022

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|---|------------------------------|-----------------------------|---------------------------|-------------------|---------------------|-------------|--|--|
| EMPLOYEE NAME | | | | | | | COMPANY NAME | |
| RETURNING TO ASSIGNMENT NEXT WEEK? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | WEEK ENDING SUNDAY | MONTH | DAY | YEAR | DIVISION OR DEPARTMENT | |
| ----- DAILY TIME RECORD ----- | | | | | | | ----- CUSTOMER VERIFICATION ----- | |
| | DATE | START | FINISH | LESS LUNCH | | | Total Hours Worked | |
| MON | | | | | | | Please Write in Words | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THUR | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| SUN | | | | | | | | |
| I attest that the above hours and dates are correct. I understand that any falsification of this timesheet constitutes grounds for termination. Upon completion of assignment, my failure to contact Staffing Solutions of Hawaii within 3 working days will constitute my voluntary resignation. | | | | | | | CLIENT SIGNATURE & TITLE | |
| TOTAL O.T. HOURS | | | | | APPROVED BY: | | Signature | |

Employee Signature: _____