



CLIENT:
LOCATION:
DATE:

KSM Staffing
A Company of Max Taylor & Company, Inc.

GROUP TIME SHEET

	EMPLOYEE NAME	JOB CODE	START TIME	Break	END TIME	EMPLOYEE SIGNATURE	Total Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
						Total Hours	0

EMPLOYER: FILL IN TO THE BOTTOM RIGHT OF FORM

I HEREBY CERTIFY THAT I AM FAMILIAR WITH THE WORK PERFORMED BY THE ABOVE NAMED EMPLOYEE, THAT HE OR SHE HAS WORKED THE ABOVE LISTED HOURS, THAT ALL WORKED PERFORMED WAS TO THE SATISFACTION OF THE COMPANY AND THE COMPANY WILL PAY KSM STAFFING THE FULL AMOUNT DUE WITHOUT DEDUCTION. THE COMPANY AGREES THAT ALL INVOICES ARE PAYABLE ON RECEIPT AND THAT WILL BE OBLIGATED TO PAY INTEREST AT THE RATE OF 1/2 %PER MONTH FOR COLLECTION PURPOSES THAT IT WILL PAY ALL REASONALBE ATTORNEY FEES. THE COMPANY ACKNOWLEDGES THAT KSM STAFFING HAS INCURRED EXPENSES IN ACQUIRING , TRAINING AND SCREENING ITS PERSONNEL. IN THE EVENT THE COMPANY HIRES THE ABOVE NAMED TEMPORARY EMPLOYEE FOR ANY POSITION WITHIN ONE YEAR OF THE LAST DATE WORKED, THERE WILL BE A PLACEMENT FEE CHARGED. IT IS THE RESPONSIBILITY OF THE COMPANY TO CONTACT KSM STAFFING BEFORE HIRING ANY EMPLOYEE FOR A POSITION. IN ADDITION, ANY REASONALBE ATTORNEY'S FEES NECESSARY TO COLLECT ANY PLACEMENT FEE WILL ALSO BE CHARGED. I FURTHER CERTIFY THAT I AM AUTHORIZED ON BEHALF OF THE COPANY TO EXECUTE THIS DOCUMENT AND ACKONWLDEGE THAT KSM STAFFING IS RELYING ON THE INFORMATION CONTAINED HEREIN, AND IN THE EXECUTION HERE OF IN PAYING THE EMPLOYEE.

Company

Authorizing Signature

Date