



P.O. Box 35737
Brighton, MA 02135
617-338-8500

It is the responsibility of the employee to return all time cards to the office by 10:00 AM Monday properly filled out. Failure to do so may delay the processing of your paycheck.

EMPLOYEE NAME (PLEASE PRINT)	COMPANY ASSIGNED TO	WEEK ENDING
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DAY	HOURS TO NEAREST 1/4 HOUR			DAILY HOURS
	START	FINISH	LESS LUNCH	
SUN.				
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				

HAND IN OR FAX TO 617-338-4676 BY 10:00 am MONDAY			OT HOURS →	
FIVE (5) HOUR MINIMUM BILLING PER SHIFT	DRIVER	JOB CODE	UNIFORM	TOTAL HOURS

I HEREBY CERTIFY THAT THE HOURS SHOWN ABOVE WERE WORKED BY ME AND WERE CERTIFIED BY AN AUTHORIZED EMPLOYEE OF THE BELOW NAMED FACILITY.
PLEASE NOTIFY THIS OFFICE WHEN YOUR ASSIGNMENT HAS BEEN COMPLETED THIS INFORMATION IS NECESSARY FOR OUR RECORDS AND ALSO INFORMS US OF YOUR AVAILABILITY FOR FUTURE ASSIGNMENTS. FAILURE TO DO SO RESULTS IN OUR ASSUMPTION OF YOUR VOLUNTARY TERMINATION FROM KSM STAFFING, AND MAY IMPACT YOUR ELIGIBILITY FOR UNEMPLOYMENT BENEFITS.

SOCIAL SECURITY NUMBER	EMPLOYEE SIGNATURE
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ALTERED AND (OR) UNSIGNED TIME CARDS WILL BE RETURNED WITHOUT A PAYCHECK. IN CASE OF ERROR MAKE OUT A NEW TIME CARD.

EMPLOYER: FILL IN BOTTOM 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 WORK 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 11% PER MONTH FOR ALL BALANCES NOT PAID WITHIN 30 DAYS. THE COMPANY FURTHER AGREES THAT IN THE EVENT IT IS NECESSARY FOR KSM STAFFING TO RETAIN AN ATTORNEY FOR COLLECTION PURPOSES THAT IT WILL PAY ALL REASONABLE 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 REASONABLE ATTORNEY'S FEES NECESSARY TO COLLECT ANY PLACEMENT FEE WILL ALSO BE CHARGED.
I FURTHER CERTIFY THAT I AM AUTHORIZED ON BEHALF OF THE COMPANY TO EXECUTE THIS DOCUMENT AND ACKNOWLEDGE THAT KSM STAFFING IS RELYING ON THE INFORMATION CONTAINED HEREIN, AND IN THE EXECUTION HEREOF IN PAYING THE EMPLOYEE.

COMPANY NAME	AUTHORIZED SIGNATURE	DATE
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WHITE SHEET AND GOLD SHEET MUST BE RETURNED TO KSM STAFFING
PINK SHEET - EMPLOYEE COPY
YELLOW SHEET - CUSTOMER COPY