

Employee Name:	Facility Name:
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	DATE	START	END	*BREAK	TOTAL HRS	Authorized Signature
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

- \* All changes MUST be initialed by client. Changes are anything other than the originally scheduled time, including but not limited to overtime or lack of mealtime.
- \* Unsigned or altered time sheets will be returned to employee without a check. Any alteration will void this time sheet. If you make an error, please fill out a new time sheet.

\* If BREAK space is left empty one half hour will automatically be deducted unless BREAK is paid by facility or space is initialed by supervisor authorizing payment.

**EMPLOYEE: PLEASE READ AND SIGN**

I certify that the hours shown represent total hours worked this week by me and were properly verified by the client. I also certify that I had no on-the-job injury that needed or required medical attention during this work week unless noted on this time sheet.

**Employee signature:** \_\_\_\_\_

**TERMS AND CONDITIONS**

CLIENT's signature on the timekeeping form or other form as submitted by client's agents, indicates the (1) the work hours shown are correct, (2) the work was performed in an acceptable and satisfactory manner, (3) no Employee is known to have sustained an injury that was not reported to HealthSkil/People 2.0, and (4) CLIENT has agreed to pay for all time shown, HealthSkil/People 2.0 will invoice CLIENT weekly. Invoices are Net upon Receipt. Interest on past due invoices will be charged at the rate of 1.5% (0.015) per month or the highest rate permitted by applicable law.

CLIENT agrees to use Employees only to perform the duties of the job position described when personnel were requested and agrees that duties will not be altered or expanded in any way without the prior written consent of HealthSkil/People 2.0. CLIENT agrees that Employees will not be entrusted with cash, checks or negotiable instruments without the prior written agreement of HealthSkil/People 2.0 and agrees that HealthSkil/People 2.0 shall incur no liability as a consequence of any violation of this agreement. If the Employee is injured outside of the scope of the job description, CLIENT shall indemnify and hold harmless People 2.0 and HealthSkil and any of its officers, employees, or agents from any claim, demand or judgement arising out of same.

It is understood the CLIENT controls the workplace and is responsible for providing a safe workplace for Employees. Unless there is a different, specific agreement in writing, CLIENT is solely responsible for compliance to all applicable health and safety laws, including any pertinent OSHA and/or FDA regulations and requirements. CLIENT will communicate to HealthSkil/People 2.0 and Employees all hazards in the workplace, provide any training or equipment which may be required or normal and customary in its business, and will take due care to protect Employees from exposure to any hazardous conditions or materials.

CLIENT agrees that he/she shall not employ any HealthSkil/People 2.0 employee furnished to the CLIENT for a period of one hundred and eighty (180) days following the completion of work for CLIENT. CLIENT may hire any actively scheduled HealthSkil/People 2.0 employee provided that the employee is maintained as a HealthSkil/People 2.0 employee until the completion of 520 working hours after the date of conditional job offer and subsequent acceptance by employee. At the completion of the 520 working hour-period, the client may hire the employee without incurring a recruitment fee. In the event CLIENT violates the above conditions, the sum equal to 20% of the annual salary offering accepted by the employee shall become due and payable upon demand, as liquidated damages to HealthSkil/People 2.0.