



1100 H Street NW, Suite 520, Washington DC 20005
 [P] 202-822-8220 [F] 202-223-5343

NAME: _____

COMPANY NAME: _____

POSITION TITLE:

DAY	DATE	IN	OUT	LUNCH	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK					

Client's Terms and Conditions

Contact 1 Inc. invoices reflect payroll we have already paid. You agree with our terms which are payable upon receipt. A late payment charge of 1.5% per month will be charged to accounts not paid within 30 days. The person assigned is an employee of Contact 1 Inc. Contact 1 Inc. warrants that its employees are covered by worker's compensation insurance and that it assumes total responsibility to withhold and remit payroll taxes and other federally mandated charges. Contact 1 Inc. and its employees understand that they are not authorized to incur any expenses on your behalf without your prior consent. The insurance provided by Contact 1 Inc. does not cover physical loss, damage, or liability caused by the operation of your automotive equipment by Contact 1 Inc employees. Contact 1 Inc. employees are not authorized to handle cash, negotiables or other valuables without consent from Contact 1 Inc. and only when duties specifically require such activities and only under your direct supervision. Contact 1 Inc. will not be liable for losses occurring for any reason other than the proven theft by an assigned employee. Supervision of Contact 1 Inc. employee's work on client premises is your responsibility. All Contact 1 Inc. employees are under the direct supervision and control of the client. Contact 1 Inc. clearly recognizes that the maintenance of adequate accounting controls, processes and any supervision is client responsibility and client assumes all responsibility for such and any activity that results from the lack of such controls, processes, and supervision. A cost recovery fee of 25% of the employee's annual salary will be paid to Contact 1 Inc. for any Contact 1 Inc. temporary employee hired by a client (either as a salaried employee or independent contractor) within twelve months after a temporary assignment. In the event that you fail to pay all charges when due (whether for temporary services or conversion fees) and litigation results, then you will pay to Contact 1 Inc. all litigation costs plus collections fees and a reasonable attorney's fee.

Client Company Authorized Signature: _____

Date: _____

Printed Name: _____

Employee's Terms and Conditions

I understand that my work will be assigned and supervised by the Contact 1 Inc. client. I recognize that Contact 1 Inc. is not a professional accounting firm and I am not authorized to render an opinion on financial statements on behalf of Contact 1 Inc. or its client. I understand that falsified hours on this timesheet are considered fraudulent and will be prosecuted to the fullest extent of the law. I understand that I am not authorized to incur any expenses on client's behalf without client's prior consent. I understand that as a Contact 1 Inc. employee I am not authorized to operate automotive equipment or machinery (other than office machines) or to perform any physical work. I further understand that, as a Contact 1 Inc. employee, I am not authorized to handle cash, negotiables, or other valuables without the written consent of Contact 1 Inc. I agree to notify Contact 1 Inc. immediately upon completion of this temporary assignment. Failure to do so will affect eligibility for unemployment benefits.

- Please fax (202-223-5343) or email timesheets (nandoh@contact1inc.com) **BY 6PM FRIDAY**
- No paychecks will be issued without Contact 1 Inc. having a signed or verified timesheet in their possession

Contact 1 Employee Signature: _____

Date: _____

Contact 1 Representative Signature: _____

Date: _____

Printed Name: _____