

**HKA**  
**Staffing Services**  
 800 Waukegan Road, Suite #200, Glenview, IL 60025  
 Ph:(847) 998-9300 **Fax:(847) 729-6941**

\_\_\_\_\_  
 EMPLOYEE NAME

\_\_\_\_\_  
 XXX-XX-\_\_\_\_\_  
 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

I hereby certify that the hours worked are correct, and were certified by an authorized representative of the Client, I agree that for a period of one year after the termination of my assignment as a temporary employee of HKA, I will not provide my services to this Client or an affiliate of the Client directly as an employee or consultant or indirectly as an employee of any other temporary agency or outsourcing agency. I have read and understand the employee information below.

X \_\_\_\_\_

**EMPLOYEE SIGNATURE**

Assignment is Continuing

Quit Assignment

Assignment is Finished

New Address

Day	MO/DAY/YR	Time IN	Time OUT	Less Lunch Period	Total Hours
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
<b>Week Ending Date (Sunday)</b>					<b>TOTAL HOURS FOR THE WEEK:</b>

TOTAL HOURS (Spell Out) \_\_\_\_\_ FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY

**CLIENT APPROVAL**

Cross out any days not worked by Employee. As Client, we understand HKA has made substantial investment in advertising for testing, hiring and training a large staff of personnel. Therefore, in consideration of this service being made available to us, we verify the hours worked, and accept the Terms and Conditions printed on the bottom of this form.

X \_\_\_\_\_ X \_\_\_\_\_  
**Client Signature** **Company/Division**

## **TEMPORARY EMPLOYEE INFORMATION**

### **WHEN TO CALL:**

If you are going to be late for your assignment or will be absent, you must call your assigned supervisor and our office as early as possible. If you will be out for a number of days, it will be up to the Client to decide on replacing you or awaiting your return.

### **RECORDING YOUR TIME:**

Report all time to the nearest ¼ hour. Do not show odd minutes. Mail original signed timesheet to our office as soon as possible. Fax or Call in your approved hours by noon on Monday in order to get a paycheck for that week.

### **LUNCH:**

The supervisor you are assigned will determine your lunch period. If you work a full day, the law requires you take a minimum of one half (1/2) hour for lunch. This time is subtracted from your total hours worked.

### **OVERTIME:**

All authorized work you perform in excess of 40 hours per week (Mon-Sun) will be at time and one-half the regular rate. You are permitted to work overtime only if the Client request and approves such work. The Client must obtain approval from us before overtime can be authorized.

### **FUTURE ASSIGNMENTS:**

If you do not contact us after each assignment, we will assume you are not available for work. Your failure to contact us represents voluntary resignation.

### **AGREEMENT:**

I agree that for a period of one year after the termination of my assignment as a temporary employee of HKA, I will not provide my services to this Client or an affiliate of the Client directly as an employee or consultant or indirectly as an employee of any other temporary agency or outsourcing agency.

## **CLIENT INFORMATION – TERMS AND CONDITIONS**

In consideration of HKA providing temporary help services to the Client, it is hereby agreed by the Client that in the event Client or an affiliate of Client's employs or hires an HKA temporary employee on the Client or affiliate's payroll as a temporary part-time, or permanent basis, or as a consultant, or utilizes said temporary employee's services through another temporary agency or outplacement service within one year of termination of said temporary employee's HKA assignment, Client and/or Client's affiliate agrees to pay to HKA its prevailing fee as per HKA's published fee schedule.

In the event that Client desires to convert an HKA temporary employee to its own payroll, or to an affiliate's payroll, after employing said individual through HKA for a period of thirty days or more, the Client agrees to provide notice to HKA before said conversion. Prior to said conversion, Client agrees to pay to HKA a conversion fee in an amount to be negotiated by HKA and the Client based upon the length of time and the individual has been working at the Client's facility and the HKA permanent placement fee schedule.

Our insurance does not cover loss or damage caused by the operation of Client's equipment, vehicles, automobiles or truck by our Employees. Client shall accept full responsibility for injury or damage to persons or property resulting from Employees operation of Client's owned or rented equipment or vehicles. Client shall not entrust our Employees with unattended premises, cash, negotiable, jewelry or any other valuable items, without our written permission. Under no circumstances will we be responsible for claims made under our fidelity bond unless such are reported in writing to us by Client within 30 (thirty) days after the occurrence.

Client shall not advance cash or other valuables to our Employees for any reason and Client specifically waives any right to offset the value of such cash or valuables advanced or any other claim or loss or damage against any money owed to HKA.

Client acknowledges that our invoices are for labor and therefore agrees to pay such invoices within 5 (five) days of receipt. Invoices paid after such date shall bear interest at 1 ½% per month until paid (18% Per Annum), but not more than the highest legal rate of interest. If Client's account is placed in the hands of an attorney for collection, the client shall pay all reasonable attorneys' fees to cover costs of collection.

**HKA Staffing Services, a division of SHAR ENTERPRISES, INC.**