



| OFFICE # | WEEK ENDING | <b>MUST BE RECEIVED BY PRIDESTAFF WITHIN ONE HOUR AFTER THE END OF YOUR LAST SHIFT DURING THE WEEK.</b> |
|----------|-------------|---|
|          |             |   |

EMPLOYEE  
LAST, FIRST NAME  
(PLEASE PRINT)

LAST 4 DIGITS OF SSN

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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CERTIFICATION  
The records must be completely accurate. Please make any corrections necessary so this record is 100% accurate before signing the certification below.

I hereby attest that the time and hours recorded on this time record accurately and fully identify all time worked during the designated pay period. I further acknowledge I have been provided all duty-free meal and rest periods to which I am entitled under the applicable federal or state law during the pay period. I further acknowledge that I have not violated any PrideStaff policy including, but not limited to, PrideStaff's policies against working off the clock, rounding time, and working unauthorized overtime.

| DAY                | DATE | START | LUNCH |    | STOP | REG. HOURS | O.T. HOURS | D.T. HOURS | TOTAL HOURS |
|--------------------|------|-------|-------|----|------|------------|------------|------------|-------------|
|                    |      |       | OUT   | IN |      |            |            |            |             |
| MON                |      |       |       |    |      |            |            |            |             |
| TUE                |      |       |       |    |      |            |            |            |             |
| WED                |      |       |       |    |      |            |            |            |             |
| THU                |      |       |       |    |      |            |            |            |             |
| FRI                |      |       |       |    |      |            |            |            |             |
| SAT                |      |       |       |    |      |            |            |            |             |
| SUN                |      |       |       |    |      |            |            |            |             |
| <b>TOTAL HOURS</b> |      |       |       |    |      |            |            |            |             |

Client approval includes verification of hours worked and acceptance of terms and conditions below.  
DO NOT SIGN IF HOURS ARE NOT TOTALED.

EMPLOYEE SIGNATURE

CLIENT NAME

|                                  |       |          |
|----------------------------------|-------|----------|
| AUTHORIZED CLIENT SIGNATURE      | TITLE | DATE     |
| AUDIT (FOR PRIDESTAFF USE ONLY): |       |          |
|                                  |       | INITIALS |

ADDRESS CITY

### CLIENT AGREEMENT

PrideStaff will use its best efforts to recruit, screen, interview, hire, and assign temporary associates ("Associates") to perform work consistent with the job description provided by Client to PrideStaff, under Client's direction and supervision. PrideStaff will pay Associates' wages, withhold and remit payroll taxes, offer required benefits, provide workers' compensation benefits, and administer unemployment and workers' compensation claims. PrideStaff will comply with all applicable federal, state, and local laws. Client agrees to: 1) safeguard the real and personal property, equipment, products, services, premises, processes, systems, and intellectual property of Client and its employees, vendors, or third parties ("Property") and take the necessary steps to properly control and safeguard Property; 2) comply with all applicable federal, state, and local laws; 3) adequately instruct, direct, assist, and supervise Associates performing Client's work; 4) provide Associates with site specific safety and hazard training, document safety training provided and make such documentation available to PrideStaff upon request; 5) provide Associates with all required personal protective equipment and ensure it is used properly; 6) notify PrideStaff immediately of any workplace accident or injury involving any Associate (allowing PrideStaff to coordinate medical treatment) or of any government or agency inspection or investigation occurring at the worksite; 7) promptly provide PrideStaff with the information, and worksite access necessary to conduct investigations; 8) record Associate injuries on Client's OSHA 300 logs in the same manner as its own employees; 9) provide Associates with meal and/or rest periods as required by law, and record the start and stop time for any required meal period; 10) track, or enable Associates to track, time worked, to the minute without rounding; 11) notify PrideStaff, in advance, in writing, if work is to be performed under a government contract and the applicable prevailing wages or fringe benefits to be paid for such work. Client shall not, without the prior written consent of PrideStaff, permit Associates to: 1) work outside the scope of their approved job duties; 2) drive or operate any Client-owned vehicle or mobile equipment; 3) access any unattended premises, cash, checks, credit cards, negotiable instruments, fobs/cards, confidential or trade secret information or other valuables; or 4) make any offer or promise to an Associates relating to Associates' compensation or benefits. Client's signature on this timesheet certifies that the hours are correct and authorizes PrideStaff to bill Client for such hours. Client agrees that, in the event a Associate works overtime hours (as defined by applicable state and/or federal wage and hour laws) for Client, Client will pay an increase in the bill rate to reflect such additional compensation plus applicable markup. Client further agrees to notify PrideStaff immediately if an assignment ends for any reason before the agreed assignment end date. Client agrees to pay net 14 days from the date of invoice or as otherwise agreed in writing. If it becomes necessary for PrideStaff to place the account for collection, Client shall be liable for all applicable attorney fees plus all reasonable costs, disbursements, and interest in connection therewith. Client agrees to indemnify and hold PrideStaff harmless from claims/demands resulting from unsafe working conditions, OSHA violations, or property damage related to premises owned or controlled by Client where Associates are assigned. Client agrees to notify PrideStaff immediately of any accident, injury, or complaint involving a Associate. Client will defend, indemnify, and hold PrideStaff and its directors, officers, agents, representatives, and employees harmless from all claims, losses, and liabilities (including reasonable attorneys' fees) to the extent caused by Client's breach of this Agreement; its failure to discharge its duties and responsibilities set forth in this Agreement; or the negligence, gross negligence, or willful misconduct of Client or Client's officers, employees, or authorized agents in the discharge of those duties and responsibilities. If Client uses the services of any Associate as Client's direct employee, independent contractor, or through any person or firm other than PrideStaff within twelve (12) months following the later of the assignment completion date or temporary associate referral date, Client will pay the applicable conversion fee. Client agrees to provide PrideStaff with written notice no less than seven (7) days prior to conversion.

Please feel free to contact the local PrideStaff office if you have questions, comments, or suggestions. We look forward to serving your business needs.

OUR MISSION: CONSISTENTLY PROVIDE CLIENT EXPERIENCES FOCUSED ON WHAT THEY VALUE MOST