

**CFS**

260 W Sunrise Hwy, Suite  
303, Valley Stream, NY 11581  
718-762-6333 800-566-3350  
FAX TO: 718-961-5158

**EMPLOYEE PLEASE COMPLETE**

Customer Name: \_\_\_\_\_

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Employee Name: \_\_\_\_\_

 SS# (last 4 digits) \_\_\_\_\_ Week Ending Sunday / /  
 This fully completed form must be received by Monday 5 PM

Day	Date	Time In	Time Out	Less Lunch	Hours
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

Total Hours → \_\_\_\_\_

**IMPORTANT FOR EMPLOYEE:** BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS OF EMPLOYEE AGREEMENT, AND INFORMATION ON BACK; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE.

X \_\_\_\_\_

**Employee Signature****SUPERVISOR PLEASE COMPLETE**

Supervisor Name: \_\_\_\_\_

Write In Total Hours Worked: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

**Supervisor Signature****Date**

**IMPORTANT FOR CLIENT:** EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE TRUE AND CORRECT, AND THIS SIGNATURE IS AUTHORIZATION TO BILL THE NAMED CLIENT PURSUANT TO AGREEMENTS AND TERMS AND CONDITIONS ON BACK. **CROSS OUT ALL UNUSED DAYS.**

**TIMESHEET MUST BE SIGNED AND DATED!**

Original Copy to Office - 1 Copy to Employee - 1 Copy to Client

**TERMS, CONDITIONS AND INFORMATION****CLIENT INFORMATION**

Client named on the reverse side, or their representative, hereby agrees that:

1. Client will not (i) entrust Assigned Employees with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the express prior written permission of Construction Force Services INC (CFS) and then only under CFS' direct supervision and control, and that it will not request or permit any Assigned Employee to use or operate any vehicles, machinery or heavy equipment, regardless of ownership, in connection with the performance of services for CLIENT (ii) assign Employee to perform work other than that described at the time Client placed the job order (iii) pay employees directly or advance any cash to them.
2. CFS incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee named on the reverse side. CLIENT agrees not to hire the Assigned Employee directly on to its own payroll, or engage as an independent contractor unless (i) assigned employee has worked for more than 2080 hours on the assignment, or (ii) a period of more than 90 business days have passed since the end of the assignment, and (iii) All invoices are paid in full. CLIENT agrees to reimburse CFS an amount of 550 times the current bill rate as liquidated damages if these rules are not strictly adhered to.
3. Minimum assignment is (4) hours per day.
4. The hours listed are correct and work is satisfactory.
5. All hours worked past 40 in one week will be billed at 1 ½ times the bill rate.
6. Will promptly notify CFS if employee is working on any city, state or federal project that may require a higher wage and benefit be paid by law. Client agrees to promptly reimburse CFS the price differential and any penalties that may occur.
7. CFS is a temporary labor supplier, and will not guarantee or take any responsibility for, means and methods of installation of work, quality or timeliness of workmanship, delays or damages attributable to any of its employees. It is mandatory that proper supervision be supplied by the Client at all times.
8. It will be the Clients full responsibility to maintain an OSHA compliant worksite whenever CFS employees are used.

**EMPLOYEE INFORMATION**

1. Properly completing and timely submission of this Timesheet is your responsibility. Timesheet must be signed and dated by the site supervisor. This form must be received by CFS no later than Monday 5 PM following end of workweek. If this form is faxed it is suggested that you call to confirm that it was received.
2. An employee who works a shift of more than six (6) hours is required to take a thirty (30) minute lunch break.
3. Use separate sheet for each assignment and each week.
4. Personal Protection Equipment (Hard Hat, Eye Protection, Gloves and Proper Footwear) must be brought to the job daily and worn.
5. All unsafe job conditions must be reported to the office immediately.
6. All job related illnesses and injuries must be reported to the office immediately.
7. I certify that I have not been injured on the job during this period.

I have read and accept the Terms, Conditions and Information