



Email signed time sheet to ron@able.jobs or fax to (508) 646-2945

Company Name				Wk end ____/____/2010		
Associate Name						
Social Sec. Number XXX-XX-_____ (last 4 digits)						
Address						
By signing this form, associate agrees that the hours are accurate and that no work-related injuries were suffered.						
Associate Signature						
				(Round to Nearest ¼ hour)		
Day	Date	Start Time	Finish Time	Total Hours	Unpaid Hours	Paid Hours
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
Total Hours Worked						
Additional Compensation, if any						

Client Information
 By signing this time card, the client hereby agrees that *ABLE Associates, INC* (hereinafter called *ABLE*):

1. Incurs substantial recruiting, screening, administrative and marketing expenses in connection with the *ABLE* employee (hereinafter called Associate) named on the left. Client agrees that if Client hires the Associate within 105 days after this date, without agreement from *ABLE*, Client will pay *ABLE*'s conversion charge.
2. Client has not and shall not in the future, without prior written permission from *ABLE* in each instance: entrust the Associate with unattended premises, cash or negotiable instruments, or other valuables; or authorize the Associate to operate machinery or motor vehicles; or assign the Associate to perform work other than that described at the time the Client placed

the job order.

3. *ABLE*'s insurance does not cover loss or damage caused by the Associate operating the Client's owned or leased motor vehicles(s) and Client therefore accepts full responsibility for claims, including the defense there of, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of the Associate's driving such vehicle(s).
4. *ABLE* is not responsible for damage to property within Client's or Associate's care, custody or control.
5. In the event of Client's nonpayment of *ABLE*'s invoices, Client agrees to be responsible for all collection expenses, including attorney's fees, interest and court costs.
6. Client accepts the obligation to discuss all matters concerning this Associate, including, without limitation, the Associate's job requirements, wages and payroll procedures with *ABLE* and not with the Associate directly.
7. Client shall indemnify and hold *ABLE*, its affiliates and agents, harmless from any and all claims and damages arising out of Client's violations of employment law, including OSHA, EEO and immigration laws.

By signing this form, Client agrees that the hours are correct, and the terms are acceptable.	
Authorized Client Signature	