



FAX TO: (410) 884-5880 EMAIL: payroll@levelonepersonnel.com

Employee Information	Client Information
Employee Name	Client Company
Employee Signature	Dept./Division

Instructions

- 1. Fill out timesheet each day and round times to nearest quarter hour.
- 2. Your supervisor must sign timesheet at end of week.
- 3. **Overtime is anytime over 40 hours per week** and must be **pre-approved** by the client and Level One Personnel. The client must approve by initialing the approval box.
- 4. To ensure ample time to process payroll, all time sheets must be submitted no later than 12PM on Monday following your shift week. Time sheets received after 12PM Monday, following your shift week, will be processed in a subsequent payroll week.
- 5. It is your responsibility to contact Level One when your assignment has ended and let us know of your availability, Failure to request a new assignment could lead to a delay or denial of unemployment insurance benefits.

DAY	DATE MM/DD/YY	TIME IN	TIME OUT LUNCH	TIME IN LUNCH	TIME OUT	TOTAL HOURS	OVERTIME APPROVAL INITIALS
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							
	Total hours for the week:						

Client Temporary Staffing Agreement

1. Client agrees that the above hours are correct. 2. Client agrees to a four-hour minimum per employee per day. 3. Client agrees that it and its subsidiary, division, or associated companies will not employ the above stated employee without the written consent of Level One Personnel, for a period of one year from the last date said temporary employee was provided to the client by Level One. 4. The client is responsible for Level One's standard placement fee of 25% of the starting annual salary if the client hires Level One's temporary before he/she has worked as a temporary for the client for less than 1000 consecutive hours. 5. Client agrees to be responsible for all attorney fees incurred in enforcing the terms of this agreement. 6. Terms: Payment is due 10 days from date of invoice 7. All Overtime (over 40 hours per week per employee) is billed at time and one half.

Supervisor Signature	Supervisor Print Name				
6996 Columbia Gateway Drive Suite 204 Columbia, MD 21046					
ph: 410-740-3030 fax: 410-884-5880					