

					JOB ORDER NUMBER	COMPANY NAME <i>(Please Print)</i>																		
					ADDRESS					CITY														
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS	EMPLOYEE JOB TITLE			DEPARTMENT			REPORT TO			WEEK ENDING									
MONDAY				()																				
TUESDAY				()																				
WEDNESDAY				()																				
THURSDAY				()																				
FRIDAY				()																				
SATURDAY				()																				
SUNDAY				()																				
					EMPLOYEE NOTE: I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below. I understand that I am to contact ABCOW Services after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact ABCOW Services upon completion of an assignment they can assume I am not available for work. Record your time to the nearest 1/4 hour. All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out new time slip if you make an error.																			
					EMPLOYEE NAME <i>(Please Print)</i>					EMPLOYEE SIGNATURE X														
					TOTAL HOURS (IN WORDS)					SOCIAL SECURITY NUMBER					ARE YOU RETURNING TO THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON DATE / /				
					CLIENT NOTE																			
<i>DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY</i>																								
CLIENT No.					PURCHASE ORDER No.					REG. HOURS					CLIENT SIGNATURE OF ACCEPTANCE					PRINT NAME				
															X									
					SOCIAL SECURITY NUMBER					OVERTIME HOURS					CLIENT NOTE: MINIMUM: 4 HOURS PER EMPLOYEE PER DAY. Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed below this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.									

INSTRUCTIONS FOR FILLING OUT TIME SLIP

1. Use a separate time sheet for each assignment and for each week's work.
2. Fill out form in triplicate or photocopy form twice.
3. Leave one copy with client.
4. Mail remaining two copies to our office no later than Friday evening.
5. Be sure to contact our office after each assignment.

EMPLOYEE INFORMATION

NEVER CALL OUR CLIENT. When you are late, or unable to work the prescribed hours, or unable to report to work, CALL OUR OFFICE.

YOUR LUNCH period is determined by your supervisor. The law requires you to take a one-half (1/2) hour for a full day's work.

All work performed in excess of 40 hours per week (Mon. - Sun.) will be at time and one-half the regular pay rate. OVERTIME is permitted ONLY if requested and approved by the client. Approval MUST FIRST be obtained from us by the client.

CLIENT INFORMATION

Employees are furnished to work for your organization of a temporary basis. Should your firm or any of its affiliates hire the employee named on the reverse side on a full-time basis, part-time basis, or as a consultant, your firm agrees to pay our placement fee.

FEE SCHEDULE

Payable net 10 days from the date of the invoice.

Up to \$10,000 10%	16,001 to 17,000 17%	23,001 to 24,000 24%
\$10,001 to 11,000 11%	17,001 to 18,001 18%	24,001 to 25,000 25%
11,001 to 12,000 12%	18,001 to 19,001 19%	25,001 to 26,000 26%
12,001 to 13,000 13%	19,001 to 20,001 20%	26,001 to 27,000 27%
13,001 to 14,000 14%	20,001 to 21,000 21%	27,001 to 28,000 28%
14,001 to 15,000 15%	21,001 to 22,000 22%	28,001 to 29,000 29%
15,001 to 16,000 16%	22,001 to 23,000 23%	29,001 and above 30%

Our fee is computed on the agreed annual starting salary, exclusive of monies due us prior to the employee joining your firm.

Our invoices represent a labor charge and are payable upon receipt. A finance charge may be imposed on all balances past due, but not to exceed the legal maximum state limit.

Upon default, by you, you agree to pay reasonable attorneys' fees, court costs, and other fees associated with collection of your account.

Employees are not authorized to operate machinery or automotive equipment. It is agreed the client accepts full responsibility for bodily injury, property damage, fire, theft, collision or public damage claims, resulting while our employee is operating said equipment.

Employees are not authorized to handle cash, negotiables or any valuables of any kind without our written consent.

Employees will never render an opinion on our behalf on financial statements, nor sign their name or our name to any financial statement or tax return while on assignment for us.

REMITTANCE IN PAYMENT OF CLIENT'S ACCOUNT SHOULD BE SENT ONLY TO P.O. BOX 880264, SAN DIEGO, CA 92168. PAYMENTS OR REMITTANCES TO ANY OTHER ADDRESS WILL NOT BE CREDITED TO CLIENT'S ACCOUNT.