

Alternative Staffing Inc. / H-Tech, Inc.
 Ph: 412-221-4541
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M A S T E R T I M E S H E E T
 Period End Date (Sun): _____
 Sheet _____ of _____ For Shift: _____

Co: _____
 Contact: _____
 Ph: _____

Name (Please Print)	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	Initial
Sample Name	10:00		10:00		10:00		10:00		10:00		10:00		0		51	
	7:00	8.5	7:00	8.5	7:00	8.5	7:00	8.5	7:00	8.5	7:00	8.5	0	0		

ASI's employee(s) listed above are assigned to **The Client** under the following **Conditions of Assignment** and will be invoiced according to the signed and/or verbal agreement.

- 1). The personnel assigned are employee(s) of **ASI** and shall not be deemed to be **The Client's** employee(s). **ASI** warrants that its employee(s) are adequately covered by workers' compensation insurance and that it assumes the responsibility to pay all applicable federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance and all other payroll charges.
- 2). **ASI** and/or **ASI's** employee(s) will present a time sheet to **The Client** or your representative for verification and signature at the end of each week. Your signature thereon indicates your agreement with all the **Conditions of Assignment**. **ASI's** compensation to our assigned employee(s) is on a weekly basis, and **The Client** will be billed weekly for the total hours worked. **Because ASI's invoices reflect payroll we have already paid, our invoices are due upon receipt.**
- 3). After **The Client** evaluates the performance and potential of **ASI's** employee(s) on the job, **The Client** may wish to employ this person directly. **ASI's** employee(s) represents our inventory of skilled professionals and in the event **The Client** wish them converted to their employ, **The Client** agree to pay a conversion fee. **ASI's** conversion fee calculation is one-half of one percent for each thousand dollars of the annual base salary. (E.g. 10% for a \$20,000.00 salary). The same calculation will be used to convert **ASI's** employee(s) on a part-time basis using the full-time equivalent salary, with a \$500 minimum fee.
- 4). The conversion fee is payable if **The Client** hires **ASI's** employee(s) assigned to them, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis with in six months after the last day of **The Client's** assignment. **The Client** also agree to pay a conversion fee if **ASI's** employee(s) assigned to **The Client** are hired by a subsidiary of affiliate or other business as a result of your referral of **ASI's** employee(s) to that company.
- 5). It is understood that **The Client** will maintain **ASI's** employee(s) in the capacity initially verbally agreed upon with regard to the operation of specific equipment, machinery and appointed duties. The insurance furnished by **ASI** does not cover physical loss, damage or liability caused by the operation of **The Client's** automotive equipment. It is agreed **The Client** accepts full responsibility for bodily injury, property damage, fire, theft, collision or public liability damage claims, any of which may be caused as a result of and accident while a **ASI** employee is driving **The Client's** vehicle, whether owned or rented. An **ASI** employee may not handle cash, negotiable or other valuables without written consent of **ASI** and then only under your direct supervision.
- 6). An **ASI** employee may not, under any circumstances, transport or convey money securities or any negotiable instruments (including, but not limited to delivering bank deposits to the bank other institution.
- 7). Each invoice will evidence a separate and distinct contract. Unless otherwise prohibited by the law of the state where this placement occurred, in the event that you fail to pay the charges of **ASI** when due, then you agree to pay all the costs of collection of **ASI**, including and accrued interest on payroll funding and reasonable attorneys' fees, whether or not suit is initiated.
- 8). It is understood that **ASI's** employee(s) are under **The Client's** direct or indirect supervision and **The Client** is responsible for managing their day to day activities while under **The Client's** direction. Since such employee(s) are under **The Client** supervision we, **ASI** will be held harmless for any damage, loss or negative recourse to property, person or equipment that is derived from inadequate or negligent training or supervision. NOTE: **THE CLIENT MUST PROVIDE A CERTIFICATE OF INSURANCE TO ASI FOR THEIR PROFESSIONAL LIABILITY INSURANCE WITH IN 15 DAYS OF THE SIGNING OF THE AGREEMENT.**
- 9). The terms of this agreement have no set time requirements. They are based on **The Client's** needs and can be terminated upon **The Client's** request or upon the completion of the project.

Your signature below indicates that you agree and understand the above terms.

Signature of Lead Production Manager:	TOTAL
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