



First Assist, Inc.  
 6100 Oak Tree Blvd., Suite 200  
 Independence, OH 44131  
 Phone: 216-332-0675  
 Fax: 800-783-5611

Client Name:
Department/Branch:
Employee Name:
Employee Signature:

**Employee Information**

Record the date of each day worked and the week ending (Sat) date as mo/day/yr. Report all time to nearest ¼ hour in the appropriate columns. Print client name, department or branch worked in and your name clearly. The time card must be signed by you and the client's authorized representative and submitted to the First Assist branch office by the applicable deadline. Incomplete, illegible, inaccurate or late time cards will delay or reduce the payment to which you would otherwise be entitled and may also result in disciplinary action. Falsification of time cards will result in immediate termination of employment.

	Date	Time Started	Time Finished	Lunch	Daily Total	Client Signature
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Week Ending on: (Saturday's Date)	Month	Day	Year	Total Hours Worked:	White-Employee Yellow-Client
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**Employee Agreement**

By signing this time card, employee agrees that:

1. The hours worked are recorded correctly.
2. During this assignment and for a period of six (6) months after the assignment ends, I will not work for this client directly or as an employee of another agency.
3. I may not work more than 40 hours during the work week (Sunday to Saturday), without prior permission from First Assist.

**Client Agreement**

By signing this time card, client agrees to the following terms and conditions:

1. The signatory is duly authorized to sign this time card.
2. The hours worked are recorded correctly and the work was performed satisfactorily.

We agree that any mathematical errors on the timecard (e.g. total hours added incorrectly) may be corrected by First Assist and that we will pay

the corrected amount.

3. We acknowledge that First Assist incurs substantial recruitment, screening, administrative and other expenses in providing this employee and therefore agree not to convert a current assignment or assignment extension to another agency, or to solicit this employee for direct employment with us or our affiliates during the assignment period and for a period of six (6) months after completion of the assignment.

4. If this employee is employed by us, or any of our affiliates, either as an employee or as an independent contractor, during an assignment or within six (6) months after the assignment ends, we will pay a permanent placement fee equal to thirty percent (30%) of the employee's annual salary within fourteen (14) days after the commencement of permanent status. Alternatively, we may elect to utilize the employee on a full-time, hourly basis at standard hourly rates for twelve (12) weeks from the date that First Assist is notified and pay a release fee of \$3,000 within fourteen (14) days after the commencement of permanent status.