



WEEKLY TIME SHEET

Corporate Office:
 1407 York Road Ste 209
 Lutherville, MD 21093
 443 279-4790 P
 443 279-4794 Fax www.jonesnet.com

Employee Name: _____ **LAST 4 DIGITS SS#:** _____

Company Name: _____ **Dept/P.O#:** _____

| | Month / Date | Time In | Time Out | Less Break | Total Hours | Expenses/Bonuses | Int. |
|-----------|--------------|---------|----------|------------|-------------|------------------|------|
| MONDAY | | | | | | | |
| TUESDAY | | | | | | | |
| WEDNESDAY | | | | | | | |
| THURSDAY | | | | | | | |
| FRIDAY | | | | | | | |
| SATURDAY | | | | | | | |
| SUNDAY | | | | | | | |

NOTE: Round all minutes to the nearest quarter hour. **Total Hours** _____ **Client must initial expense/ bonuses**
 (4 hour minimum per person per day)

**TIME SHEETS NOT BE RECEIVED BY JONES NETWORKING 12:00 NOON ON TUESDAY
 WILL NOT BE PROCESSED UNTIL THE FOLLOWING WEEK.**

EMPLOYEE ACCEPTANCE AND INSTRUCTIONS:

You are paid according to this official record of time worked. Incomplete, inaccurate or illegible time sheet may cause your paycheck to be delayed. Employee and client company signatures must appear on the time sheet to ensure prompt payment. Execution of the time sheet is your responsibility. I hereby certify that these hours were worked by me during the week shown above, and were properly verified by an authorized representative of the client company. I understand that I am to contact Jones Network Associates, LLC after completing an assignment and unemployment benefits may be denied if I do not do so. I certify no accident, injury or improper conduct occurred while working on the assignment unless written notice is attached.

Employee Signature: _____ **Date:** _____

CLIENT ACCEPTANCE:

Execution of this time sheet certifies that the total number of hours indicated above is correct and authorize payment. Client shall not entrust Jones Network Associates, LLC employees with unattended premises or any part thereof, handling cash, negotiables or other valuables without written permission from Jones Network Associates, LLC. Jones Network Associates, LLC or its insurers will not be held responsible for any claim of employee dishonesty or misconduct unless such claims are reported to Jones Network Associates, LLC within 10 days of the occurrence and client cooperates fully in the investigation and prosecution of such claims. It is further understood that insurance coverage of Jones Network Associates, LLC does not cover liability or property damage or loss to Client's equipment, machinery, materials or vehicles in the care of Jones Network Associates, LLC, its agents or employees unless a prior written agreement is received from Jones Network Associates, LLC. The Client accepts full responsibility for all bodily injury, property and casualty claims. We the client understand and agree that Jones Network Associates, LLC has incurred considerable expenses in the recruiting and maintaining of its pool of temporary employees. Further, we understand that should we elect to directly or indirectly solicit or hire this employee within twelve (12) months of today, Jones Networking Associates, LLC must be notified and a financial settlement of 25% of the annual starting salary must be made with Jones Networking Associates, LLC unless other terms regarding these employees are agreed upon in writing. Invoices are due and payable upon receipt; a late fee of 1.5% per month after 30 days of the balance may be assessed. Should Jones Network Associates, LLC refer an attorney or collection agency for the collection of any unpaid balances owed to Jones Network Associates, LLC by Client, Client agrees to pay such attorney / collection agency fees of 25% or as fixed by the court or courts in which such action, including any appeal there from, is tried, heard, or decided. Client signature below represents that you agree with these terms and conditions.

Client Verification &

Signature: _____ **Title:** _____

Print Name & Number: _____ **Date:** _____