


Completed time sheet **MUST** be received our office by **MONDAY at 10AM**

Scan/Email: teamALX@csi4jobs.com OR Fax: (703) 997-6338


CAREER STRATEGIES
 2560 Huntington Ave. #403
 Alexandria, VA 22303
 Phone (703) 684-2135
 Fax (703) 997-6338

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Week Ending (Sunday's Date)

EMPLOYEE NAME:

Email: teamALX@csi4jobs.com

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(FIRST) (MIDDLE) (LAST)

| | |
|----------------------|-------------|
| Place of Employment: | Supervisor: |
|----------------------|-------------|

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|---------------------|
| Employment Address: |
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HOLD PAYCHECK IN OFFICE: (if not marked, your check will be mailed to the address on your tax forms)

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| <input type="checkbox"/> Alexandria |
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Paychecks are available for pick-up after 12:00 pm on Thursdays *(barring acts of nature or circumstances beyond our control)*

With my signature, I attest to the following: (i) the time and hours recorded on this time record accurately and fully reflect all time I actually worked during the designated seven day pay period (Monday 12:01 am - Sunday 11:59 pm) and I did not work off the clock; (ii) I acknowledge I took all required meal and rest breaks in the amount and to the extent mandated by law; (iii) I have not violated any Company policy, including the policy against working unauthorized overtime; (iv) I reported any absences to my Career Strategies manager and (v) I have not sustained any work-related injury during the pay period. If this statement is incorrect in any way, I have outlined an explanation in writing and provided to my recruiter along with this timecard.

EMPLOYEE SIGNATURE _____

| | Date | Arrival Time | Time Out for Lunch | Time Back from Lunch | Departure Time | Up to 40 Regular Hours | Overtime Hours |
|--------------|------|--------------|--------------------|----------------------|----------------|------------------------|----------------|
| MONDAY | | | | | | | |
| TUESDAY | | | | | | | |
| WEDNESDAY | | | | | | | |
| THURSDAY | | | | | | | |
| FRIDAY | | | | | | | |
| SATURDAY | | | | | | | |
| SUNDAY | | | | | | | |
| TOTAL | | | | | | | |

By signing below you consent to be legally bound by this Agreement's terms and conditions. You also represent that you are an authorized representative of the customer and agree to enter into this Agreement for all persons who own or are authorized to approve vendor services and that such persons will be bound by the terms of this Agreement.

YOUR SIGNATURE BELOW AUTHORIZES CAREER STRATEGIES TO PAY THE ABOVE NAMED EMPLOYEE BASED ON THE HOURS INDICATED ABOVE, TO INVOICE YOUR COMPANY AND ENSURE PAYMENT NET 30 DAYS UPON RECEIPT. Overtime will be billed according to state law. THE CLIENT FURTHER WARRANTS that they will not allow Career Strategies employees to handle cash/cash equivalent, nor will they permit operation of motorized vehicles by Career Strategies employees.

Your signature further acknowledges that the above named individual is an employee of Career Strategies. Any offers of regular employment extended to the individual named above with your company, an affiliate, parent company or any other employer, are subject to a liquidation fee up to 20% of the annual salary. This applies to any employee and/or candidate referred by Career Strategies and hired by your organization in any capacity within twelve months of the last day worked, inclusive of employees and/or candidates, referred by Career Strategies, working at your organization through another staffing service due to your referral.

Your signature further grants Career Strategies full authorization to recover all costs incurred in connection with this and other electronically approved timecards, as a result of collection efforts, including but not limited to, legal fees and penalties as permitted by law. Minimum hours may apply. If any disputes arise between the parties related to the agreement, the proper venue and jurisdiction for this dispute shall be in Los Angeles County, CA.

CUSTOMER'S NAME & TITLE _____ DATE _____

AUTHORIZED CUSTOMER'S SIGNATURE _____ CLIENT'S INITIAL FOR O.T. _____