



PHONE 713-975-7576
PHONE 800-701-4014
FAX 713-600-5250
1616 S. VOSS, STE 700
HOUSTON, TEXAS 77057
www.TFIServices.com

SVCS

INSTRUCTIONS

PLEASE FILL OUT AND RETURN

TFI SERVICES IS THE PAYROLL ADMINISTRATOR FOR TEMPORARY AND CONTRACT WORKERS REFERRED BY HIRE PRIORITY.

Please review the attached Employment Policies. They contain important information regarding your current temporary work assignment.

In order to process your time sheet and issue a payroll check, we will need the following items from you:

- Employment Policies. Please read, sign 2nd page, date, and return sign and date page 2, and return ALL pages.
- Form W-4: Please complete, sign and return
- Form I-9: Please complete Section 1, sign and return
- Copies of 2 forms of identification (See Form I-9 Attachment)
- State withholding form, completed and signed (if applicable)
- Direct Deposit Authorization (optional)

PLEASE FAX THESE DOCUMENTS TO US AS SOON AS POSSIBLE: 713-960-9910 AFTER FAXING, PLEASE CALL YOUR PAYROLL PROCESSOR, TO CONFIRM THAT WE HAVE ALL NECESSARY INFORMATION.

Included in the employment package is a time sheet for your use. Before filling out the time sheet, ***please make copies to use for future weeks.*** The time sheet should be faxed to our office ***before noon on Monday*** and it must be signed by an authorized supervisor. Your paycheck can be mailed to your home, picked up at our office (in Houston), or you may request that your paycheck be directly deposited into your bank account, or into a temporary ATM account that we can set up for you.

As your payroll administrator for this temporary assignment, it is important that we have your correct home address.

NOTE: If your address should change at any time during the year, please notify us so that we can send your W-2 form to you.

If you have any questions, please feel free to call our office. We appreciate the opportunity to serve as your payroll administrator for this temporary work assignment.

EMPLOYMENT POLICIES



EMPLOYMENT POLICIES / PROCEDURES

Initial

ATTENDANCE

If you accept a job assignment from Hire Priority, you are expected to complete that assignment. Please report to and leave from work at the times specified by Hire Priority. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, you must notify Hire Priority at least 3 hours prior to scheduled start time. Absences due to medically verifiable illness, jury duty and military leave are acceptable in moderation with valid documentation. In case of an after hour emergency please call: 713-202-2513.

Initial

AVAILABILITY

All employees of Hire Priority are required to call in their availability on a daily basis. Failure to call to report your availability may cause Hire Priority to assume that you have voluntarily quit without good reason and that this voluntary quit may result in my being denied future assignments and unemployment benefits.

Initial

COMPENSATION

TFI Services is the payroll company for Hire Priority. Time worked in excess of 40 hours will be paid at time and one-half unless you are classified as exempt from overtime laws and regulations. You must obtain written authorization from client company to work overtime. Your time sheet must reflect actual hours worked. Bonuses, severance pay, parking or toll reimbursements, vacation or holiday pay, and sick leave are not paid except in instances where the client company agrees to reimburse Hire Priority for these expenses. Deductions will not be made from paychecks unless authorized. In the event of time sheet error or miscalculation, paychecks may be adjusted to reflect actual hours worked.

Initial

CONFIDENTIAL INFORMATION

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company. While on a temporary assignment, please do not accept office or model keys, parking cards, etc. from a client or property and keep overnight.

Initial

DISCIPLINARY ISSUES

Failure to act appropriately is considered misconduct. You should follow the client company's policies while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence is considered disciplinary issues and may result in termination. Also, personal use of the Internet, email or telephone is not permissible while on assignment.

Initial

DISCRIMINATION

Hire Priority is an Equal Opportunity Employer and complies with all state and federal laws regarding discrimination. Please inform Hire Priority immediately of any situation that you believe is discriminatory.

Initial

DRUG POLICY

The use, sale or possession of illegal drugs or alcohol on the premises of the client company is strictly forbidden. The client company or Hire Priority may conduct random drug tests and/or reasonable searches for drugs. Refusal to submit to a drug test or search may be cause for termination.

Initial

EMPLOYMENT TERMINATION

Please be aware that your employment is "at-will". Either the employer (Hire Priority) or you may terminate employment at any time. Termination may occur with no notice and for any or no reason. Before filing a claim for unemployment benefits, you are required by law to contact Hire Priority immediately regarding your availability for other assignments. Failure to do so may result in denial of unemployment benefits.

Initial

FORM W-2

TFI Services will issue a Form W-2 by January 31st of the following year for your tax records. If you move during the year, please notify both TFI Services and Hire Priority immediately of your change of address and contact information. If you need to change your W-4 or update your employment records with new information, please call TFI Services at 713-975-7576.

Initial

PAYROLL

TFI Services is the payroll service for Hire Priority. For all weekly, hourly employees: Payday is Thursday unless Thursday is a holiday, in which case payday will be Friday. Checks are available to be picked up from Hire Priority, mailed to your home or processed for direct deposit by Thursday at 12:00 noon.

Initial

SAFETY

It is the responsibility of each employee to become familiar with the safety and emergency procedures of the client company. Any job related injury should be immediately reported to the job site supervisor and to the office of Hire Priority. If any job related injury or illness is not reported immediately, reimbursement for medical claims may be denied. It is very important that you report any unsafe working conditions to the office of Hire Priority as soon as possible.

Initial

SEXUAL HARASSMENT

Inform Hire Priority immediately if you are sexually harassed or accused of harassment on the job. Harassment is defined by the Equal Opportunity Commission as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/or the conduct unreasonably interferes with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.”

Initial

TIMESHEETS

Time sheets MUST be faxed in to TFI Services (713-600-5250) before 12:00 p.m. (noon) on Monday following the week you worked (or on the day the assignment is completed) to guarantee timely check processing. Time sheets received without a supervisor’s signature will not be processed. It is your responsibility to obtain a supervisor’s signature. It is highly recommended that you call TFI Services to confirm receipt of your time sheet. Failure to do so could result in you not receiving a check for that week. Lena Dahu is your payroll representative at TFI Services.

Please complete your timesheet by filling out the following information:

- Employee name.
- Hours in, out, less lunch, total straight time and total overtime to the nearest ¼ hour (every 15 minutes).
- Total hours for the week.
- The date as well as the dates of each day worked.
- The name of the company or apartment community and the department for whom you are working.
- Sign the timesheet.
- Have the supervisor sign/approve the timesheet.

These employment policies are a guideline and are not intended to imply any contractual rights. They may be changed or modified by Hire Priority at any time without prior notice.

Your signature constitutes understanding, acceptance and acknowledgement of the policies stated. Please keep a copy for your records. If you have any questions regarding these policies, please call Hire Priority at (713) 960-9906.

Employee Signature

Print Name

Date

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**EMPLOYEE AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSITS**

PLEASE TYPE OR PRINT CLEARLY.



Phone 713-975-7576
Phone 800-701-4014
Fax 713-783-1566
Fax 800-765-0652
1616 S. Voss, Suite 700
Houston, Texas 77057
www.TFIServices.com

Employee Name (Last, First & Middle Initial)

HIRE PRIORITY

Recruiter/Staffing Agency

Social Security Number

Contact Phone Number

Action Type

_____ New

_____ Change

_____ Cancel

I hereby authorize TFI SERVICES to initiate and make credit entries and debit entries (for the purpose of adjusting any credit entries made in error to my account) at the indicated financial institution and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposit.

IMPORTANT: I understand it may take up to forty-eight (48) hours after TFI SERVICES transmits my funds before they are posted to my account. Further, I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to TFI SERVICES at least five business days prior to the desired termination date. However, I understand that this authorization will automatically terminate on the first of the month following sixty (60) consecutive days of inactivity. After becoming inactive, I will have to complete a new Authorization Agreement before TFI SERVICES will initiate any further automatic payroll deposits. TFI SERVICES may terminate this authorization agreement at any time.

I hereby authorize TFI SERVICES to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

NAME OF BANK: _____

CITY / STATE / ZIP: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

BANK ROUTING/TRANSIT #: _____

CHECK ONE: CHECKING ACCOUNT

SAVINGS ACCOUNT

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid in a timely manner.

Signature _____

Date _____

NOTE: Any time you change your bank account authorization, it may take seven (7) to ten (10) business days before payroll can be transmitted by direct deposit. Please let our office know if you would like that live check mailed to you or if you would prefer to pick it up at our office.

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For Account Verification:

ATTACH VOIDED CHECK – (not a deposit slip)

Please Do Not Use Staples

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PHONE 713-975-7576
 PHONE 800-701-4014
 FAX 713-960-9910

1616 S. VOSS, STE 700
 HOUSTON, TX 77057

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DATE _____
 EMPLOYEE NAME _____
 CLIENT COMPANY _____
 WORK PHONE _____

PAYROLL SERVICE FOR:



EMPLOYEE TIME SHEET

DAY	DATE	START	LUNCH		END	REG HOURS	OT HOURS	REMARKS	
			OUT	IN					
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTALS:	➤								
Express hours worked in decimals & round to the nearest quarter hour. For example: (7 hrs 15 min = 7.25 hrs) (7 hrs 45 min = 7.75 hrs) (7 hrs 35 min = 7.50 hrs) (7 hrs 40 min = 7.75 hrs)						=	THIS WEEK'S TOTAL HOURS WORKED		

PAY CHECK DISTRIBUTION	STATEMENT OF ACCURACY	APPROVAL OF HOURS WORKED
Fax time sheets by noon C.S.T. on Monday. Pay checks will be mailed on Wednesday evening. Any other arrangements should be explained on time sheet below <u>and</u> confirmed by phone with a payroll administrator of TFI Services. <input type="checkbox"/> Please distribute my pay check as follows: _____	I attest that the hours stated on this time sheet were worked by me during the time period shown above and that these hours were properly certified by an authorized representative of the client company.	Execution of this form by the client company constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Services upon receipt of invoice.
	Employee Signature	Authorized Client Company Rep/Mgr Signature
	My Assignment Will Continue Next Week: YES <input type="checkbox"/> NO <input type="checkbox"/>	Print authorized representative name _____ Title _____

IMPORTANT NOTES - PLEASE READ:

- Any missing or incorrect data may cause delays in processing. Please make sure all data is complete and accurate.
- Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- Hours worked in excess of 40 hrs/wk will be billed at time and a half unless employee is classified as "exempt" from overtime wage regulations.
- Employee acknowledges that he/she has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles without obtaining prior written consent from Hire Priority.
- Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without obtaining prior written consent from Hire Priority.
- Client company shall not authorize, request or cause any temporary worker to undertake foreign or offshore travel without prior written consent from Hire Priority.

Hire Priority refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Hire Priority. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.