Name	e of Employee						SEI		Dт	IC	
Client							SEMPER, LLC				
Manager's Name					TEL: 410-685-1705						
Dept PO #			FAX: 888-836-9703								
Phone # Ext											
Week	Ending Saturday	/ , 2	0								
Day	Month/ Date	Time In		ne ut		Minus Lunch		Hours Worked		Manager's Initials	
Sun					_						
Mon					_						
Tue					_						
Wed					_						
Thu				:	_						
Fri					_						
Sat					_						
		· ·		Total Hou	Irs:						
Empl	oyee Signature		Total Regular Hours (Up to 40):								
X			Total Overtime Hours:								
l certify	that the hours shown here are c										
	filling in hours, use decima		Manager's Signature X I certify to Semper that on behalf of my company. I have the authority to								
	nutes = .25 30 minutes = ound to the nearest quarter										
	time Hours		approve the above hours & conditions of employment. I have checked the hours, they are correct and I authorize payment.								
Overti	me is defined by law and w		Please take a moment to check off the following								
Weeks start Sunday and end on Saturday. Clients consult your contract for specifics.				questionnaire and read the additional terms of sale.							
-	·					ity control					
	Semper Employees	nent Status: Timeca	orde.			his employee					
Payme				showed u productio	•		Yes	□ No nt □ Good	🗆 Fair	Department Poor	
			ve enough	attitude v		.,		nt 🗆 Good		Poor	
	· _	ng shortly	-			work ethic		nt 🛛 Good	🗆 Fair	Poor	
direct	deposit form.) 🔲 Pleas	se call me		Semper's	servic	e this week	Excelle	nt 🛛 Good	🗅 Fair	Poor	
1. Use	a separate timecard for each	assignment and for each	week's work.			Employme					
	n timecard must be signed by	 Before signing this timecard, please make sure that all hours are correct. You will be billed for the hours listed above. 									
	rder to be paid in a given wee ed timecard to Semper by 10			2. All of our	employee	es are paid by Ser	mper. Do not p				
-	ased or mailed until this signe	 Employees may be contacted for employment through Semper only. Supervision, safety and quality control of the employee(s) work is the client's responsibility. 									
4. To h	5. You agree to allow our employee to use your fax or fax for the employee. (timecard only) 6. Employee signature is not necessary for billing/payment.										
-	check" (above). STRONGLY SUGGEST DIRE	an not be	 Client may not permit or cause our employee to be placed on the payroll of any other firm or client's firm for 12 months after completion of their assignment. In the event 								
resp	ONSIDE & have no control ove CHECKS ARE MAILED FROI	er timely receipt of mailed		the client	violates t	's firm for 12 mor his clause, client e sum of a minim	will promptly	pay Semper as I	liquidated d		

ALL CHECKS ARE MAILED FROM BOSTON, MA

I also understand that I may from time to time receive emails informing me of additional products and services from Semper International, LLC and Affiliates. Upon entering a business relationship you will receive normal and customary email correspondence.

annualized compensation or other payment by client, whichever is greater. 8. Client agrees to notify Semper when assignment is completed or terminated.

9. Client understands that if within the 1 hour trial period they fail to notify Semper of any

complaints the client will be responsible for all monies due for services rendered. 10. Our employees will only work on jobs for which they have been assigned and trained. Any variance must must be reported to our office before work begins.