Name	of Employee					—			Π.		
Client							- SEMPER, LLC 607 Boylston Street				
Manad	er's Name					2	rd Floor	I Sileei			
Dept P0 #						Boston, MA 02116					
						F	ax: 888.8				
Phone	#										
Week	Ending Saturday	/ , 20)	_							
Day	Month/ Date	Time In	Tim Ou	-		Minus Lunch		Hours Worked		Manager's Initials	
Sun					_ [$] \square$			
Mon	/	:	:		— L						
Tue		:			_ [
Wed					_ [i	ī —			
Thu					[╡┝─			
								╡┝			
Fri			: :		— [$\downarrow \sqsubseteq$			
Sat	/	:	:		— L						
				Total Hou	Irs:						
Employee Signature				Total Regular Hours (Up to 40):							
X				Total Overtime Hours:							
I certify t	hat the hours shown here are co	Manager's Signature									
	illing in hours, use decima utes = .25 30 minutes =		X								
and rou		I certify to Semper that on behalf of my company. I have the authority to approve the above hours & conditions of employment. I have checked the									
Overtime Hours hours, they are						ct and I authorize					
Overtime is defined by law and will be billed accordingly. Weeks start Sunday and end on Saturday. Clients consult					Please take a moment to check off the following questionnaire and read the additional terms of sale.						
your co	ntract for specifics.					y control se					
For Semper Employees Payment: Assignment Status: Timecards:				This past week this employee showed up on time							
D Payo	ard 🖵 Comp	leted Send	More	productio	n quality	vwas 🗆	Excellent	Good 🖵		Department Poor	
	ct Deposit 🛛 🖵 Will c ete the Semper 🗳 Endir	ontinue 🛛 I hav Ig shortly	e enough	attitude w the emple			Excellent Excellent			Poor Poor	
	· _	e call me					Excellent				
2. Each 3. In orc signe relea	a separate timecard for each timecard must be signed by ler to be paid in a given week d timecard to Semper by 10 sed or mailed until this signed we your check sent to you, be	you and your manager at t a, you must fax or deliver a AM on Monday. Checks wi d timecard is received in ou	he job site. completed, Il not be ur office.	1. Before sig You will b 2. All of our 3. Employee 4. Supervisi 5. You agree	gning this t e billed for employees es may be c on, safety a to allow o	Employmen imecard, please ma the hours listed at a are paid by Semp contacted for emplo and quality control of ur employee to use	ake sure that a nove. er. Do not pay yment through of the employe your fax or fa	our employe n Semper or e(s) work is x for the em	es directly. Ily. the client's		
my cl 5. WE S respo ALL 0	n not be hecks.	 Employee signature is not necessary for billing/payment. 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 the client violates this clause, client will promptly pay Semper as liquidated damages not as a penalty the sum of a minimum of \$5000.00 or 30% of the employees annualized compensation or other payment by client, whichever is greater. Client agrees to aptify Samper when accumpted or torginated 									
I also ur	orming	 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 									

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.

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.