Name of Employee										SEMPER, LLC						
Client										5020 Higlands Parkway						
Manag	ger's Name									Smyrna Tel: 877		gia 3008: 4687	2			
Dept P0 #							Fax: 888-836-9703									
Phone # Ext																
Week	Ending Saturda	ау	/	, 20)											
Day	Month/ Date		Time In		,	Time Out		Minus Lunch			Hours Worked			Manager's Initials		
	, [1						1				
Sun] : [[= -			=			
Mon	<u> </u>] :		_		<u> </u>		┆┝	_			
Tue			:] : [_		L						
Wed	/ [:] . [_								
Thu	/ [:			֓֞֟֞֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		_								
Fri	/ [Ī : [_		$\neg \mid \vdash$						
Sat			<u> </u>			֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		_				i 🗀				
	·					_	Total Ho	urs:								
Employee Signature							Total Re	gular F	lours (Up to 4	iO):						
X I certify that the hours shown here are correct.							Total Overtime Hours:									
When f		Manager's Signature														
15 minutes = .25 30 minutes = .50 45 minutes = .75 and round to the nearest quarter hour.								C I certify to Semper that on behalf of my company, I have the authority to								
Overt		approve the above hours & conditions of employment. I have checked the hours, they are correct and I authorize payment.														
Overtime Hours Overtime is defined by law and will be billed accordingly.								take	a moment	to checl	c off t	the foll	owina			
vour contract for specifics.								questionnaire and read the additional terms of sale. We take quality control seriously and need your input.								
								•	this employed		ly an	d need	l your i	nput.		
For Semper Employees Payment: Assignment Status: Timecards:							showed			☐ Yes		□No				
Pay			eted	Send More			-	production quality was attitude was		☐ Excell				☐ Poor ☐ Poor		
			ntinue g shortly	☐ I have	e enough				work ethic	□ Excel				□ Poor		
	deposit form.)	Please					Semper'	s servi	ce this week	☐ Excel	ent [⊒ Good	☐ Fair	☐ Poor		
	a separate timecard		-				1. Before s	igning th	f Employm is timecard, pleas for the hours liste	e make sure	that all	hours are	correct.			
In order to be paid in a given week, you must fax or deliver a completed, signed timecard to Semper by 10 AM on Monday. Checks will not be							 All of our employees are paid by Semper. Do not pay our employees directly. Employees may be contacted for employment through Semper only. 									
released or mailed until this signed timecard is received in our office.							 Supervision, safety and quality control of the employee(s) work is the client's responsibility. You agree to allow our employee to use your fax or fax for the employee. (timecard only) 									
To have your check sent to you, be sure to mark the box that says "Mail my check" (above).							Employee signature is not necessary for billing/payment. Client may not permit or cause our employee to be placed on the payroll of any									
WE STRONGLY SUGGEST DIRECT DEPOSIT, since we can not be responsible & have no control over timely receipt of mailed checks.								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								
ALL (CHECKS ARE MAI	LED FROM	BOSTON, MA				annualiz	ed comp	ensation or other	payment by	client, w	hichever is	s greater.			
I also understand that I may from time to time receive emails informing me of additional products and services from Semper International, LLC							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									
and Affi normal		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.														