



Mailing Address:
 260 California St., Suite 801
 San Francisco, CA 94111

Voice 415.989.0542
 Fax 415.394.5966

| ENTER DATES | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | MON. | TUE. | WED. | THUR. | FRI. | SAT. | SUN. |
| | HRS. MIN. | HRS. MIN. | HRS. MIN. | HRS. MIN. | HRS. MIN. | HRS. MIN. | HRS. MIN. |
| TIME IN | | | | | | | |
| LUNCH OUT | | | | | | | |
| LUNCH IN | | | | | | | |
| TIME OUT | | | | | | | |
| TOTAL STRAIGHT TIME | | | | | | | |
| TOTAL OVERTIME | | | | | | | |

| | |
|-----------------------|------------------------|
| EMPLOYEE NAME (Print) | SOCIAL SECURITY NUMBER |
|-----------------------|------------------------|

Customer will not entrust Pacific Placement Temporaries, Inc. (PPT, Inc.) employees with unattended premises or any part thereof, handling of cash, negotiables or other valuables without written approval from PPT, Inc. and then only when employee's specific duties necessitate such activity.

Customer understands that employee is an employee of PPT, Inc., a licensed employment agency, and should customer hire the employee as an employee or consultant, customer is bound by the terms of PPT, Inc.'s Permanent Fee Schedule. This applies to hiring for this position or any other position within one year. The Permanent Fee is also earned in the event the customer refers the temporary employee to another organization which hires the employee.

Customer's acceptance of applicants from PPT, Inc. constitutes acceptance of PPT, Inc.'s Temporary and Permanent Fee Schedules and their conditions. Should suit be necessary to collect payment, reasonable attorney's fees, plus cost of suit shall be awarded in addition to the principal sum at issue.

The hours shown here are correct and all work has been performed satisfactorily.

MINIMUM BILLING: FOUR (4) HOURS PER DAY

| SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST 1/4 HOUR) | | | |
|--|------|----------|------|
| STRAIGHT TIME | | OVERTIME | |
| HRS. | MIN. | HRS. | MIN. |
| | | | |

| | | | |
|--------------------|-----|-----|-----|
| WEEK ENDING SUNDAY | MO. | DAY | YR. |
| | / | / | |

 SUPERVISOR (SIGNATURE)

 SUPERVISOR (PLEASE PRINT)

 COMPANY NAME

| | | |
|---|------|----|
| ASSIGNMENT COMPLETED | YES* | NO |
| *IF YES CALL OUR OFFICE | | |
| MAIL YOUR CHECK | YES* | NO |
| *We must have your original timecard in our office before mailing your check. | | |