- Use separate time sheet for each assignment and for each week's work
- Fax original copy to E-Technical Staffing, Inc. office no later than Monday 11 am
- Leave white copy with Client Company
- Retain yellow copy for your records
- Contact E-Technical Staffing office upon completion of each assignment

building partnerships
E-Technical Staffing, inc.
connecting people

5909 Baker Road, Suite 570
Minnetonka, Minnesota 55345
(952) 345-5160 • Fax (952) 926-2919

E-TECHNICAL STAFFING, INC. EMPLOYEE MUST COMPLETE IN FULL

DAY	DATE	REGULAR HOURS	OT HOURS	VAC / HOLIDAY	NO. OF HOURS WORKED
MON.	/ /				
TUE.	/ /				
WED.	/ /				
THUR.	/ /				
FRI.	/ /				
SAT.	/ /				
SUN.	/ /				

EMPLOYEE FULL NAME (LAST, FIRST, MIDDLE)

TOTAL REGULAR HOURS

OVERTIME

Total Hours (To nearest 1/4 hour) worked.
I certify that I have worked the hours listed. They have been verified by an authorized representative of E-Technical Staffing, Inc. Client Company.

EMPLOYEE SIGNATURE

WEEK ENDING (Sunday) / /

❑ Hold my check
❑ Mail my check

• CLIENT PORTION •
(MUST COMPLETE IN FULL)

COMPANY NAME

ADDRESS

SUPERVISOR

Unless otherwise approved by an E-Technical Staffing, Inc. representative, Client Company agrees to the following:

- All hours worked over 40/week will be deemed overtime and billed at time and one half
- Minimum assignment length — 4 hours
- Acceptance of further terms and conditions as listed on the reverse side of client copy of the agreement
- Client Company will be billed for the hours listed on this time sheet. Make no payment directly to E-Technical Staffing, Inc. employee
- E-Technical Staffing, Inc. employee cannot be recalled for temporary and/or permanent employment without prior approval from an E-Technical Staffing, Inc. representative (see reverse side of Client Copy for further explanation)

I CERTIFY THAT THE E-TECHNICAL STAFFING, INC. EMPLOYEE NAMED ABOVE HAS WORKED THE HOURS LISTED ON THIS TIME SHEET AND AUTHORIZE E-TECHNICAL STAFFING, INC. TO INVOICE MY FIRM AT THE HOURLY RATE AGREED UPON. I AGREE TO THE TERMS ABOVE AND ON THE REVERSE SIDE OF THE CLIENT COPY. RETAIN YELLOW COPY FOR YOUR RECORDS.

AUTHORIZED SIGNATURE TITLE

( ) / /

TELEPHONE NO. DATE

INVOICE NET DUE WITHIN 7 DAYS OF INVOICE DATE

WHITE / CLIENT COPY • YELLOW / CANDIDATE COPY