Draft

Time Card

17 Washington Ave N, Suite 400, Minneapolis, MN 55401 Acct Phone: 612.977.1400 Fax: 612.371.7490 www.My n otec.com

Week Ending Sunday (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Social Security Number __ __ __ - __ __ - __ __ __ __

Assignment Number __ __ __ __ __ __

First Name

Last Name

M

****** Please leave unused boxes blank ******

	Date MM	/	Date DD	/	Date YY	Time-In HH	:	Time-In MM	Lunch-Out HH	:	Lunch-Out MM		Lunch-In HH	:	Lunch-In MM	Time-Out HH	:	Time-Out MM	Daily Total HH	:	Daily Total MM
Mon		/		/			:			:		L		:			:			.	
Tue		/		/			:			:		U		:			:			.	
Wed		/		/			:			:		N		:			:			.	
Thu		/		/			:			:		C		:			:			.	
Fri		/		/			:			:		H		:			:			.	
Sat		/		/			:			:				:			:			.	
Sun		/		/			:			:				:			:			.	

Job Status

- ○ Job is complete
- ○ I will be returning

Time card must be in our office by 12:00pm (noon) Tuesday.
Accounting Department: phone (612)977-1406 fax (612)371-7490 OE/AA

I hereby certify that the hours shown hereon were worked by me during the week-ending designated and were certified by an authorized representative of the client. I understand that I am to contact the Indrotec office upon completion of this assignment to discuss another assignment. If I do not do so, Indrotec may assume I am not available for work.

CAUTION TO EMPLOYEE: PAYCHECK ISSUED ONLY IF TIME CARD IS SIGNED BY CLIENT.

Total hours worked this week this assignment

Straight Time __ __ . __ __ Overtime __ __ . __ __

Client Name

Division or Department

Client approval indicates acceptance of the terms and conditions printed below

X ______________________________
Employee Signature

X ______________________________
Authorized Client Signature

Duly authorized on behalf of the above client, the undersigned hereby acknowledges that the hours documented are accurate and that all work performed was satisfactory. Also, undersigned confirms previous agreement between Indrotec and Client regarding services performed as well as any future services in that Client shall not entrust any Indrotec employee(s) with cash, negotiables, other valuables, or unattended premises or authorize said employee(s) to operate machinery or motor vehicle(s) without prior written consent from Indrotec. Any losses or damages caused by any employee(s) operating Client's owned or leased motor vehicle(s) is not covered by Indrotec insurance. Client accepts full responsibility for any claims including defense thereof involving property damage, bodily injury, fire, theft, collision, materials damage, or public liability damage resulting from an Indrotec employee operating any Client's motor vehicle(s) or arising of or involving violation of Client's obligation to obtain written permission from Indrotec as previously noted.

Indrotec is not responible for any or all claims presented under its Fidelity Bond unless such claim(s) are offered in writing by Client within 10 days following occurence, Client shall indemnify and hold Indrotec harmless from all fines, penalties and assessments including legal fees incurred by Indrotec resulting from alleged violation(s) of any Federal, State, County, or Municipal law, statute, regulation,or ordinance relating to premises owned and/or controlled by Client and to which Indrotec employee(s) are on assignment.

Client respects Indrotec employer-employee relationship with all its personnel and honors the obligation to make notification of all issues concerning their employment, job assignment, pay procedures, rules and regulations, etc. to recognized Indrotec representative(s).

Client understands that Indrotec is not an employment agency. In the event the temporary employee becomes employed by Client within 3 months of date shown on time card, Client will agree to pay Indrotec a liquidation fee which is based on the first year's annual salary. Client also understands that there is a four hour minimum charge on all orders.

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0