

Name of Employee _____

Client _____

Manager's Name _____

Dept. _____ PO # _____

Phone # _____ Ext. _____

Week Ending Saturday _____ / _____, 20 _____

SEMPER, LLC

Long Beach Office:
110 N. Pine Ave, Suite 615
Long Beach, CA 90802
Phone: (310) 725-2810
Fax: 866.877.4192

| Day | Month/ Date | Time In | Time Out | Minus Duty Free Meal | Regular Hours Worked | | Overtime Hours Worked (hrs over 8 hrs /day) | | Manager's Initials |
|-----|----------------|------------|-------------|-------------------------|---------------------------------|--|--|--|-----------------------|
| Sun | / | : | : | | | | | | |
| Mon | / | : | : | | | | | | |
| Tue | / | : | : | | | | | | |
| Wed | / | : | : | | | | | | |
| Thu | / | : | : | | | | | | |
| Fri | / | : | : | | | | | | |
| Sat | / | : | : | | | | | | |
| | | | | | Total Regular Hours: | | Total Overtime Hours: | | |
| | | | | | | | | | |

Employee Signature

X _____

I certify that the hours shown here are correct.

When filling in hours, use decimals for partial hours

15 minutes = .25 30 minutes = .50 45 minutes = .75

and round to the nearest quarter hour.

Overtime Hours: Overtime is defined by law and will be billed accordingly. Weeks start Sunday and end on Saturday. Clients consult your contract for specifics.

Meal Periods: Meal Periods are defined by law and will be billed accordingly.

For Semper Employees

Payment:

Mail my check

Direct Deposit

(Complete the Semper direct deposit form.)

Assignment Status:

Completed

Will continue

Ending shortly

Please call me

Timecards:

Send More

I have enough

- Use a separate timecard for each assignment and for each week's work.
- Each timecard must be signed by you and your manager at the job site.
- 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 released or mailed until this signed timecard is received in our office.
- To have your check sent to you, be sure to mark the box that says "Mail my check" (above).
- WE STRONGLY SUGGEST DIRECT DEPOSIT, since we can not be responsible & have no control over timely receipt of mailed checks.
ALL CHECKS ARE MAILED FROM BOSTON, MA

Manager's Signature

X _____

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 hours, they are correct and I authorize payment. I attest to the fact that all rest period and meal period requirements required under state and federal law have been complied with.

Please take a moment to check off the following questionnaire and read the additional terms of sale. We take quality control seriously and need your input.

This past week this employee . . .

- | | | | | |
|----------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| showed up on time | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| production quality was | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| attitude was | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| the employee's work ethic | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Semper's service this week | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Conditions of Employment

- Before signing this timecard, please make sure that all hours are correct.
You will be billed for the hours listed above.
- All of our employees are paid by Semper. Do not pay our employees directly.
- Employees may be contacted for employment through Semper only.
- 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)
- 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 notify Semper when assignment is completed or terminated.
- Client understands that if within the 1 hour trial period they fail to notify Semper of any complaints the client will be responsible for all monies due for services rendered.
- Our employees will only work on jobs for which they have been assigned and trained. Any variance must be reported to our office before work begins.