

TIME SHEET

Your Time Sheet is Due by 10:00am on Monday

TO: Masiello Employment Services

TELEPHONE: 1-800-639-7021

RETURN BY FAX: (603) 352-0435

OR

RETURN BY EMAIL: payroll@masemp.com

EMPLOYEE HEREBY ACKNOWLEDGES:

1. My time sheet must be returned to Masiello's office No Later Than 10:00am on the Monday following the week I worked.
2. Upon completion of assignment, under Massachusetts State Law, Massachusetts Employees must contact Masiello Employment Services IMMEDIATELY for further assignment. Failure to do so will be deemed a voluntary quit, and unemployment benefits may be denied.
3. Friday is Payday: Masiello offers direct deposit to all employees. If I opt to not use direct deposit, I may have my paycheck mailed, or I may pick up my paycheck at Masiello's office on Friday between 10:00 am and 5:00 pm. I understand that if my check is not picked up it will continue to be held at the office until I provide other instructions.

CLIENT HEREBY ACKNOWLEDGES:

1. CLIENT's signature on this time sheet certifies that the reported hours are correct. CLIENT will pay MES for the hours at the documented rates upon receipt of MES's invoices. If an Assigned Employee works time defined by law as overtime or premium time, CLIENT will pay the same multiple of the regular bill rate as MES is required to apply to the pay rate for such time.
2. CLIENT will not ask or permit Assigned Employees to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the prior written permission of MES.
3. If CLIENT uses the services of any Assigned Employee as its direct employee, as an independent contractor, or through any person or firm other than MES during or within 180 days after any assignment of the Assigned Employee to CLIENT from MES, CLIENT must notify MES and continue the Assigned Employee's assignment from MES or contact MES to determine the way in which MES will be compensated.

Thank You!

	START TIME	MEAL OUT	MEAL IN	FINISH TIME	TOTAL HOURS WORKED
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
Total Hours Worked for Pay Period					

SATURDAY WEEK ENDING DATE ____/____/____ SHIFT: 1 2 3 4 5
MONTH DAY YEAR (CIRCLE SHIFT WORKED)

COMPANY NAME: _____

DEPARTMENT: _____

EMPLOYEE NAME: _____
LAST FIRST MI

Employee certifies no accident or injury was sustained while working on the assignment unless so noted here:

EMPLOYEE SIGNATURE: _____
Employee signature acknowledges acceptance of employee conditions above.

IS YOUR ASSIGNMENT COMPLETED? YES NO IF YES, DATE COMPLETED: _____

CLIENT SIGNATURE: _____
Client signature acknowledges acceptance of client conditions above.