

CLIENT AGREEMENT

It is hereby certified by the individual signing this time slip on behalf of the client, that the hours listed are correct and the work was performed in a satisfactory manner.

The client shall not authorize our employees to operate vehicles, automobiles or trucks without our prior written consent. The insurance furnished by us does not cover loss or damage caused by the operation of the client's vehicles, automobiles or trucks by our employees (even if consent is given). In all cases, the client accepts full responsibility for and indemnifies us against and holds us harmless from and against, bodily injury, property damage, fire, theft, collision or other claims resulting from our employees' use of the client's vehicles, whether owned or rented, authorized or unauthorized.

The client shall not entrust our employees with unattended premises or any part thereof, or with the handling of cash, negotiables, or other valuables, without prior written consent from us, and then only when an employee's specific duties necessitate such activity. Under no circumstances will we be responsible for claims made for theft or misappropriations of such items. The client's sole recourse for such losses or claims shall be against our Fidelity Bond pursuant to the terms thereof, and only if we so consented and if such claims are reported in writing to us by the client within 10 days after an occurrence of loss.

The client shall pay no monies to our employees, either as salary, advance or bonus. No credit will be given to the client by us for monies so paid.

The client will furnish to our employees a safe place of employment in accordance with applicable OSHA and other safety requirements. The client indemnifies and holds us harmless from any violations of OSHA or other safety requirement.

The client acknowledges and understands that our invoices are for labor and therefore agrees to our payment terms which are Net: 10 days, 1 1/2% per month interest to be added to past due accounts. Further, client agrees to pay 25% on principal and interest, plus court costs if placed in the hands of an attorney for collection.

Overtime hours will be billed at time and one-half or as otherwise required by law.

The client acknowledges the substantial investment that we incur to recruit, interview, test, orient and quality control our employees. Employees may be hired by the client or on its behalf by another staffing service, but only with our written consent and on our standard terms and conditions. Therefore, if the client decides to hire an employee or have an employee engaged by another staffing service, the client agrees to our Temporary-to-Full-Time Conversion Policy, the terms of which are available on request.

In order to ensure that employees meet our standards, reference checking, employment verification and criminal background screenings are conducted per our Screening Program. **Fraze** Recruiting Consultants, Inc. uses its best efforts to investigate candidates and confirm qualifications, but makes no representation as to their background. We check references for our own purposes. In the evaluation of candidates, the client agrees to verify backgrounds independently or to accept background information on candidates as presented, and to assert no claim against and hold forever harmless **Fraze** Recruiting Consultants, Inc. for any actions, misrepresentations, errors and/or omissions of any candidates hired hereunder. The services to be performed by personnel provided by **Fraze** Recruiting Consultants, Inc. will be performed under the direction, supervision and control of you, the client.

If there are any questions concerning our personnel, please contact our office. We invite comments regarding the job performances of our employees.

We Are an Equal Opportunity Employer



2351 Energy Drive
Suite 1100
Baton Rouge, LA 70808
(225) 231-7880
FAX (225) 231-7887

Social Security Last 4 Digits					
Sunday Week Ending	Month	Day	Year		

EMPLOYEE NOTE: I hereby certify that the hours shown here were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below. I understand I am to contact the office upon completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment it can assume I am not available. All unsigned time slips will be returned to employee without a check. Any unauthorized alterations will void this time slip.

Employee Name (please print)	Employee Signature
	X
Company Name (please print)	Emp. Job Title
Company Address	Dept.

CLIENT NOTE: Minimum 4 HOURS PER DAY Execution of this form by the Client constitutes that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. **PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.**

Client Signature of Acceptance	Print Name
X	
Assignment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of days worked
Available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	When Available?
Mail Check <input type="checkbox"/> Pick Up Check <input type="checkbox"/>	

DAY	DATE MM/DD	START TIME	END TIME	LESS MEAL TIME	REG HOURS	O.T. HOURS	TOTAL HOURS
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
ROUND HOURS TO THE NEAREST 1/4 HOUR					TOTAL HOURS		

WHITE COPY - OFFICE • CANARY COPY - CLIENT