



ATTENTION PAYROLL DEPARTMENT

1418 Pennsylvania Ave., SE • Washington, DC 20003
(202) 546-1212 phone • (202) 546-7737 fax

Timesheets can be downloaded at:
www.propertymanagementstaffing.com

EMPLOYEE TERMS AND CONDITIONS

- I agree to notify InterSolutions no later than the next business day between the hours of 8am and 9am immediately upon completion of this temporary assignment. I understand that if I fail to do so, InterSolutions may consider that I have voluntarily quit and this may affect my eligibility for unemployment benefits.
- To ensure timely processing, I understand that it is my responsibility to fax timesheets by 12:00 pm on Monday to (202) 546-7737 and I must call to confirm receipt of faxed timesheet between 9AM and 12PM weekdays at (202) 546-1212. I also understand that no paychecks will be issued without InterSolutions having a signed timesheet in their possession.

CLIENT INFORMATION: Client named above hereby agrees that the Temporary Personnel Service name above (hereinafter called "contractor"):

- Client agrees that if client or client's affiliate hires (Employee) named on this timesheet within 365 days after this date, without agreement from Contractor. Client agrees not to directly or indirectly cause or permit any Consultant assigned to client by InterSolutions, Inc. to transfer to another entity's payroll or to perform services for client while on the payroll of any person or firm other than InterSolutions, Inc. during the term of the Consultant assignment to client and for 365 days after such assignment ends. If client violates this paragraph, then client shall pay to InterSolutions, Inc a fee in the amount of 20% of the Consultant's annualized compensation, or \$3,000.00, whichever is greater.
- Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner. Because InterSolutions invoices reflect payroll we have already paid, you agree with our Terms which are payable upon receipt. (*MINIMUM FOUR (4) HOURS BILLED UNLESS OTHERWISE AGREED TO BY CLIENT AND CONTRACTOR, ANY TIME BILLED OVER FORTY (40) HOURS IS CONSIDERED OVERTIME AND CLIENT WILL BE BILLED TIME AND A ONE HALF).
- Client confirms the prior agreement between Contractor and Client with respect to the services performed hereunder and any future services.
- Client has not and shall not in the future without prior written notice from Contractor in each instance: (i) entrust Employee with unattended premises, cash, negotiable instruments, or other valuables or authorize Employee to operate machinery or motor vehicles; (ii) assign Employee to perform work other than described at the time Client placed the order.
- Contractor's insurance does not cover loss or damage caused by Employee operating Client's owned or leased motor vehicle(s) and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of Employee driving such vehicle(s), or arising out or involving violation by Client of paragraph 4(i) or 4(ii) above.
- Contractor is not responsible for claims made under its liability or bond insurance policies unless claims are reported to Contractor in writing by Client within 30 days after occurrence.
- Contractor is not responsible for claims for damage to property within Contractor's or Employee's care, custody and control
- In event of Client's non-payment of Contractor's invoices, Client agrees to be responsible for all collection expenses including attorneys' fees, interest and court costs.
- Client accepts the obligation to discuss all matters concerning Employee, including without limitation, Employee's job assignments, wages, and payroll procedures with Contractor and not with Employee directly.

PLEASE FAX ALL TIMESHEETS BY 12:00pm MONDAY TO: (202) 546-7737 fax
CALL TO CONFIRM RECEIPT OF FAXED TIMESHEET BETWEEN
9AM and 12PM WEEKDAYS: (202) 546-1212 phone

COMPANY NAME		WEEK ENDING SUNDAY						
ADDRESS								
CITY		STATE		ZIP CODE				
EMPLOYEE NAME				SOCIAL SECURITY				
AVAILABLE FOR WORK?				DATES WHEN AVAILABLE				
<input type="checkbox"/> YES <input type="checkbox"/> NO								
Employee Agreement: By executing this form, I certify that no accident or injury was sustained while working on the assignment and that I worked the hours shown on this timesheet and that this form is true and accurate. I understand the terms in the Employee Terms section and agree to abide by them.								
EMPLOYEE SIGNATURE X								
HOURS TO THE NEAREST QUARTER HOUR								
DAY	DATE	STARTED	FINISHED	LUNCH	REG. HOURS	OVERTIME		
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
MINIMUM FOUR (4) HOURS PER EMPLOYMENT PER DAY					REGULAR		OVERTIME	
					HRS.	MIN.	HRS.	MIN.
CLIENT: ABOVE WRITE TOTAL HOURS IN WORDS TO CLOSEST QUARTER HOUR ABOVE					TOTAL HOURS			
PLEASE PRINT NAME (CLIENT)					TITLE			
IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT: WORK WAS DONE SATISFACTORILY: AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE LEFT SIDE OF THIS FORM. ANY TIME BILLED OVER 40 HOURS WILL BE CONSIDERED OVERTIME AND THE CLIENT WILL BE BILLED TIME AND A HALF. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.								
PURCHASE ORDER #								
AUTHORIZED SIGNATURE (CLIENT) X					IS THIS EMPLOYEE CONTINUING ASSIGNMENT?			
					<input type="checkbox"/> YES <input type="checkbox"/> NO			