Week Ending Sunday:				Customer P.O.#:								
Property Name:				Management Co.:					Ph. 832-831-7199			
Property Address:				Telephone #:					Fax. 832-804-7191			
Email:				Fax #:								
Day of the Week	Date	Start Time	Lunch Start	Lunch Ending	Finished Time	Regular Hours	Overtime Hours	I certify that the hours I worked are correct. When my job assignment is completed I agree to notify Metrpolitan Solutions within 24 hours my availabitly for work and every 72 hours thereafter with my availabitly. If I do not contct MSS within 24 hrs, it will be assumed that I have left work voluntarily, without good cause and my unemployment befefits may be denied. I further agree to contact Metropolitan Solutions immediatley if I fail to appear for any pre-set assignement. I also understand that pay is based on performance, my rate of pay will decrease to the current minimum wage for all hours worked during the preceding pay period if I fail to appear without notification, and/or if the Client deems my work performance unsatifactory. I have read and understand the above statements and by signing below agree to make this document legal and binding for all parties.				
<u>Monday</u>												
<u>Tuesday</u>												
<u>Wednesday</u>												
<u>Thursday</u>												
<u>Friday</u>												
<u>Saturday</u>								Print Name				
<u>Sunday</u>								Position				
Continue this assignment? Y / N				TOTAL: HRS. MIN.			OT:	* MUST BE FAXED INTO OFFICE BY 12PM MONDAY*				
	Client/Customer Agreement											

CLIENT agrees to the following conditions: (1) Metropolitan Staffing Solutions has the sole right to establish the wages and fringe benefits, if any, of its associates, and assumes responsibility for the payment of such compensation, the withholding and payment of all required payroll taxes, and the maintenance of workman's compensation insurance as required by state law. (2) CLIENT acknowledges that Metropolitan Staffing Solutions has incurred substantial recruitment, screening, training, administrative and marketing expenses with respect to its Associates. Accordingly, CLIENT agrees not to directly or indirectly offer to hire or engage as an independent contractor any ASSOCIATES assigned to CLIENT by Metropolitan Staffing Solutions for a period of 90 days after completion of the ASSOCIATES's assignment, or permit or cause any such ASSOCIATES to be placed on the payroll of any other firm for a like period, without the express written permission of Metropolitan Staffing Solutions. In any event CLIENT violates this paragraph, CLIENT promises to promptly pay to Metropolitan Staffing Solutions, as liquidated damages and not as a penalty, the sum of Five Thousand Dollars (\$5,000.00) or Twenty Percent (20%) of the ASSOCIATES annualized compensation or other payment by CLIENT, whichever sum is greater, and to reimburse Metropolitan Staffing Solutions for its reasonable attorney's fees incurred to enforce its rights hereunder. CLIENT shall notify Metropolitan Staffing Solutions immediately of the completion or termination of an ASSOCIATES's assignment. (3) CLIENT agrees to indemnify and hold harmless Metropolitan Staffing Solutions, its officers and ASSOCIATES. from and against any and all claims, losses, actions, damages, expenses, liabilities or claims for attorneys fees arising out of or resulting from (A) the ASSOCIATES's use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by Metropolitan Staffing Solutions ASSOCIATES (B) any negligence, wrongful acts, decisions, statements, acts or omissions by CLIENT, its agents or EMPLOYEE'S or by any other person. (4) CLIENT agrees that it will not entrust Metropolitan Staffing Solutions ASSOCIATES with unattended premises, cash, checks, negotiable or other valuables without the prior written notice from Metropolitan Staffing Solutions. Metropolitan Staffing Solutions will not be responsible for claims made under its Fidelity Bond unless such claims are reported in writing to Metropolitan Staffing Solutions and the local police by the CLIENT within seven (7) days after notice of loss. (5) CLIENT agrees to payment terms of NET UPON RECEIPT of invoice, and agrees that unpaid accounts will be considered in default after (30) days, from the date of invoice, after which a late charge will be imposed at the rate of one and one half percent per month on uppaid balances (ANNUAL PERCENTAGE RATE OF 18%) or the maximum legal interest rate, whichever is higher, CLIENT agrees to pay the late charge together with any reasonable attorney's fee Metropolitan Staffing Solutions may incur to effect coalition. (6) CLIENT acknowledges and agrees that in the event a ASSOCIATES works more than forty (40) hours in any work week for CLIENT, that ASSOCIATE is thereby entitled to compensation at the hourly rate of time and one half for such overtime hours. CLIENT agrees to reimburse Metropolitan Staffing Solutions for all such overtime payments which Metropolitan Staffing Solutions pays to its ASSOCIATES. (7). Client agrees to immediately notify Metropolitan Staffing Solutions in the event of an injury to a Metropolitan Staffing Solutions ASSOCIATE. In case of emergency, Client agrees to assist any injured ASSOCIATE of Metropolitan Staffing Solutions and to obtain appropriate medical attention.(8) CLIENT's signature certifies that the hours shown are correct, that the work was performed to the CLIENT's satisfaction, and authorizes Metropolitan Staffing Solutions to bill CLIENT for the hours worked by a

Metropolitan Staffing Solutions ASSOCIATES. In the event of early dismissal on CLIENT initiative, CLIENT agrees and will be billed at a minimum of four (4) hours. CLIENT agrees that representative who signs this agreement is authorized to do so and that Metropolitan Staffing Solutions may rely upon that signature as binding upon CLIENT.

Authorized Client Signature:	Date:	Associate Performance:			
Authorized Client Printed Name:		Great	Fair 🛄	Poor	

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