



Ph. 832.831.7199

Fax. 832.804.7191

WeekEnd Sunday:

Property Name:

Address:

Phone: Fax:

Mgmt Co. PO

Email:

I certify that the hours I worked are correct. When my job assignment is completed I agree to notify Metropolitan Solutions within 24 hours my availability for work and every 72 hours thereafter with my availability. If I do not contact MSS within 24 hrs, it will be assumed that I have left work voluntarily, without good cause and my unemployment benefits may be denied. I further agree to contact Metropolitan Solutions immediately if I fail to appear for any pre-set assignment. 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 unsatisfactory. I understand that it is my full responsibility to have a current timesheet, that I am accountable for keeping up with and getting it signed off by my assigned supervisor. I will turn in my completed timesheet by Friday or the end of my work week/assignment I have read and understand the above statements and by signing below agree to make this document legal and binding for all parties.

Associate Name:

Associate Signature:

Associate Position:

MUST BE FAXED TO THE OFFICE BY FRIDAY

Day of the week	Date	Start Time	Lunch Start	Lunch End	Finished Time	Regular hours		Over Time
<u>Monday</u>								
<u>Tuesday</u>								
<u>Wednesday</u>								
<u>Thursday</u>								
<u>Friday</u>								
<u>Saturday</u>								
<u>Sunday</u>								

Reg. Min OT:

Associate performance rating circle one:

Great

Good

Fair

Poor

Total

Continue this assignment? Y / N

Client/Customer Agreement:

1) CLIENT agrees to the following conditions: 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. This includes the withholding and payment of all required payroll taxes and 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 expenses with respect to its Associates. Accordingly, CLIENT agrees not to directly or indirectly offer to hire or engage as an independent contractor with any ASSOCIATES assigned to CLIENT by Metropolitan Staffing Solutions for a period of 90 days after completion of the ASSOCIATES's assignment. CLIENT shall not 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. If the CLIENT violates these terms then the CLIENT shall 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 of the CLIENT or whichever sum is greater. This compensation shall include reasonable reimbursement to Metropolitan Staffing Solutions for its 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 not hold Metropolitan Staffing Solutions, its officers and ASSOCIATES, from any or all claims, losses, actions, damages, expenses and liabilities for attorney's fees arising out of or resulting from (A) the ASSOCIATES's use or operation of the CLIENT's owned, non-owned or leased vehicles, machinery or equipment (B) any negligence, wrongful acts, decisions, statements, acts or omissions by the 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, and 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 (0) 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 hundred dollars per month on unpaid balances of an (ANNUAL RATE OF \$1,200.00) or the maximum legal rate allowed, whichever is higher. (6) If the account becomes delinquent by 90 days or more a lien will be submitted and the account will be sent to a collections agency. CLIENT agrees to pay the late charge together with any reasonable attorney's fee Metropolitan Staffing Solutions may incur to effect a coalition. (7) CLIENT acknowledges and agrees that in the event an ASSOCIATE(S) 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. When an associate is scheduled to be On-Call after hours, CLIENT agrees on a automatic 4 hours to be bill for each property in any work week the associate will be On-Call. (8) 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 the representative who signs this agreement is authorized to do so and that Metropolitan Staffing Solutions may rely upon that signature as binding to the CLIENT.

Authorized Client Name:

Date:

Authorized Client Signature: