

# INTEGRIS Staffing, LLC

Return Fax: 817-796-1039 (Bedford, Texas Office)

Associate Name: \_\_\_\_\_ Position: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Employee Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone: \_\_\_\_\_

Day	Date (Month/ Day)	Start Time (Ex: 8:00am)	End Time (Ex: 5:00pm)	Lunch Time (Ex. 1 hour)	Total Hours Worked
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					

**Total hours**

I am signing this sheet to confirm the hours that I have worked. I understand that I could be criminally charged for falsifying or altering this timesheet.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

I agree to notify Integris Staffing, LLC immediately, should I be offered direct employment by a client or any subsidiary or an affiliated company, either for a permanent or temporary position within a one-year period after the last day of assignment. I will contact an Integris Staffing, LLC representative upon completion of each and every temporary assignment for new assignment. Failure to do so may disqualify any unemployment benefits for which said applicant may have otherwise been eligible.

We would greatly appreciate your taking the time to evaluate our temporary according to the following guidelines:

- 1) Excellent    2) Good    3) Average    4) Fair    5) Poor

QUALITY OF WORK: \_\_\_\_\_ ATTITUDE: \_\_\_\_\_ INITIATIVE: \_\_\_\_\_ PUNCTUALITY/ATTENDANCE: \_\_\_\_\_

OVERALL PERFORMANCE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Terms and Conditions

Client agrees not to directly or indirectly hire any employees or transfer payroll to another service for 12 months following the last day employee worked at client through Integris Staffing, LLC. The person assigned is an employee of Integris Staffing, LLC and shall not be deemed to be your employee. Client assumes complete liability for said employee's actions, in this respect client releases Integris Staffing, LLC from any liability or loss suffered which may arise out of client using Integris Staffing, LLC. Client agrees to indemnify and hold harmless Integris Staffing, LLC. Client also agrees if there payment is not made, I/we agree to pay 1.5% service charge per month on 18% annual on any unpaid invoices 31 days or older. If your company, or any of its subsidiaries, affiliates or successors employ this person on its payroll, or in consulting capacity, within the one year period described earlier, your company or the hiring division, subsidiary affiliate or successor agrees to immediately pay Integris Staffing, LLC a conversion fee wage to the greater of 1,000 or 1% per thousand dollars of the annualized compensation of the employee(s) up to a maximum of 30% of annual compensation.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_