

Swift Staffing

Daily Time Record

| |
|-----------------|
| Client Name |
| Div./Dept. |
| City, State ZIP |

| |
|--|
| Name: _____ |
| Week Ending Date: ____ / ____ / ____ Month Day Year |

Assignment Complete Yes ___ NO ___

| Day of Week | Date | Time IN | Time OUT | Lunch | Total Hrs Excluding Lunch |
|-------------|------|---------|----------|-------|---------------------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Total Hrs:

I confirm that the above hours and dates are correct and have been authorized by the customer. I agree to contact Swift Staffing upon the completion of my assignment. Failure to do so will constitute my voluntary resignation.

Employee Signature: _____

The undersigned is authorized on behalf of the above company and certifies that the Swift Staffing Associate named on this time record was supervised appropriately, worked the hours indicated, and performed services satisfactorily. I have read the terms below and by signature agree to all terms and conditions as stated.

To complete an evaluation of this associate, please go to www.swiftstaffing.com

Customer Signature: _____

Client Verification of hours _____

Client Agreement: Customer understands and accepts responsibility for the supervision of Swift Staffing associates while on your work premises.

Customer agrees to provide training and safety rules to associate regarding the use of any machinery and/or office equipment that is placed in his/her care or responsibility. Swift Staffing is responsible for Workers Compensation.

Customer agrees that Swift Staffing is not responsible for the physical loss or damage to customer machinery, equipment, material or any motorized vehicle (licensed or not) while in the care, custody or control of Swift Staffing, its agents or employees. Swift Staffing shall not be held liable for physical loss or damage to said property caused by Swift Staffing, its agents or employees.

Customer understands that Swift Staffing has invested substantial expenses for the advertising recruitment, screening, testing and training of its personnel. As such, in consideration of this service, customer agrees that if any Swift Staffing employee is employed by customer, their associates, affiliates or subsidiaries as an employee to work for a Swift Staffing competitor during a temporary assignment or within one hundred eighty (180) calendar days after the assignment ends, customer hereby agrees: 1) pay Swift Staffing placement fee of 1% per thousand dollars of employee's estimated annual salary up to a maximum of 30% or 2) a minimum fee of \$3,500 whichever is greater.

Swift Staffing will invoice customers on a weekly basis according to hourly bill rate times number of hours worked. Payment not received within 30 days of the invoice date will be subject to a 7% late charge. Customer further agrees to reimburse Swift Staffing for any and all collection fees should customer become delinquent.

Swift Staffing, 405 Frederick Rd, Suite 250, Catonsville, MD 21228

Fax to: (410) 788-7015