

FAX COMPLETED TIME SHEET BY FRIDAY AT 6:00 P.M. TO YOUR OFFICE THAT HAS PLACED YOU ON ASSIGNMENT.

<p style="text-align: center;">Please Print</p> <p>Client Name _____</p> <p>Report To _____</p> <p>Address _____</p> <p>City/State _____</p> <p>Zip _____ - _____</p> <hr/> <p style="text-align: center;">Please Print</p> <p>Employee's Name _____</p> <p>Social Security # _____ - _____ - _____</p> <p>Phone # _____ - _____ - _____</p> <p><input type="checkbox"/> My assignment is over, and my last day will be _____</p> <p>I certify that the hours reported by me on this timesheet are correct and were worked by me. I am financially responsible for any incorrect time reported. I understand the terms on the bottom of this form and agree to abide by them. As an employee of SNI Companies, if any re-issue of checks result in me getting double payment for my work, I owe SNI Companies for such double pay.</p> <p>Signature of employee _____</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width:5%;"></th> <th style="width:12.5%;">Mon</th> <th style="width:12.5%;">Tue</th> <th style="width:12.5%;">Wed</th> <th style="width:12.5%;">Thu</th> <th style="width:12.5%;">Fri</th> <th style="width:12.5%;">Sat</th> <th style="width:12.5%;">Sun</th> </tr> <tr> <td>Date</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time In</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time Out</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Meal Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>TOT. FOR DAY</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="7">Input time In decimals</td> <td>TOTAL FOR WEEK</td> </tr> </table> <hr/> <p style="text-align: center;">CLIENT APPROVAL</p> <p>I agree that hours shown above are accurate and the work performed was satisfactory. I understand there is a four (4) hour minimum per employee per day. You are authorized to pay your employee and bill us accordingly as verbally or otherwise agreed to. Client's signature indicates that the terms as shown on the bottom of this form have been read and agreed to and that the client is bound by such terms.</p> <p>For: (Co. Name) _____</p> <p>By: (Company Representative) _____</p> <p>Title: _____ Date _____</p>		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Date								Time In								Time Out								Meal Time								TOT. FOR DAY								Input time In decimals							TOTAL FOR WEEK
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Overtime is paid on hours over 40 per week and paid and billed at time and a half. No paychecks will be issued without SNI Companies having a signed timesheet in their possession.

CLIENTS TERMS AND CONDITIONS

SNI Companies invoices reflect payroll we have already paid. You agree with our terms which are payable upon receipt. A late payment charge of 1.5% per month will be charged to accounts not paid within 30 days. The person assigned is an employee of SNI Companies. SNI Companies warrants that its employees are covered by worker's compensation insurance and that it assumes total responsibility to pay all applicable federal, state and local withholding taxes, social security and unemployment compensation charges. SNI Companies and its employees understand they are not authorized to incur any expenses on your behalf without your prior consent. The insurance provided by SNI Companies does not cover physical loss, damage or liability caused by the operation of your automotive equipment. Your company accepts full responsibility for physical injury, property damage, or any other loss of whatever nature resulting from an accident while a SNI Companies employee is driving your company's vehicle, regardless if it is owned or rented, or operating prohibited equipment as described in the employee's terms of below. SNI Companies employees are not authorized to handle cash, negotiable or other valuables as described in employee's terms listed below without written consent from SNI Companies and only when duties specifically require such activities and only under your direct supervision. SNI Companies will not be liable for loss under SNI Companies' fidelity bond unless such claims are reported in writing to SNI Companies within sixty (60) days after the termination of the temporary assignment. Upon the request by our clients, SNI Companies will provide various background verifications on a candidate. The background verification can include education verifications, local, state or national verification histories, credit verification histories and other types of verifications, all on a fee basis. We usually check employee references by asking specific questions to selected previous employers with regard to qualifications and work history. This reference check is generally done prior to the first time we place that individual on a temporary assignment. While we are willing to provide you with the results of any reference checks that we have performed, if you choose to directly employ one of our temporary employees, you should conduct such additional or more recent reference inquiries of previous employers or verify such other items (such as degrees, professional certifications or criminal background) as you deem appropriate for the position. Because of substantial legal restrictions on the use and communication of various types of information, we have not screened for drug use, administered a medical exam, conducted a criminal background check or engaged in any verification process other than the reference checks described above. Supervision of SNI Companies employee's work on your premises is your responsibility. SNI Companies clearly recognizes that the maintenance of adequate account controls, processes and any supervision is client responsibility and client assumes all responsibility for such any activity that results from the lack of such controls, processes and supervision.

You agree that your company, or any of its subsidiaries, affiliates, divisions or successors, unless written consent is received prior, will not offer employment to this person on either temporary or permanent basis until at least one year following termination of the temporary assignment. If your company, or any of its subsidiaries, affiliates, divisions or successors employ this person on its payroll, or in a consultation capacity or your referral of our employee to an unrelated party, within the one year period described earlier, your company, or the hiring division, subsidiary, affiliate, or successor agrees to immediately pay SNI Companies a conversion fee (payable upon receipt of invoice) equal to that percentage of the employee's starting salary as described below. Any prior payments made to SNI Companies before the employee was hired will not be applied to the fee. In an action brought to enforce this Agreement in which SNI Companies is the prevailing party, SNI Companies shall be entitled to recover all costs, fees and expense incurred in the enforcement of this Agreement, and collection of amounts owed, including reasonable attorneys' fees. This Agreement, and all rights, obligations and disputes arising hereunder or related thereto, shall be governed by and construed in accordance with the laws of the State of Iowa and shall be deemed to have been entered into and performable in part in Des Moines, Polk County, Iowa. The parties agree that the Iowa District Court in and for Polk County, Iowa, shall be the exclusive venue for any litigation of or concerning this agreement or the subject matters hereof. Each invoice and timesheet represents a separate and distinct contract.

\$0 to \$25,000 25%	\$ 26,001 to \$27,000 27%	\$28,001 to \$29,000 29%	Greater Than \$100,000 35%
\$25,001 to \$26,000 26%	\$27,001 to \$28,000 28%	\$29,001 to \$100,000 30%	

MINIMUM FEE OF \$2500 FOR ADMINISTRATIVE POSITIONS AND \$3500 FOR PROFESSIONAL SERVICES

EMPLOYEE'S TERMS AND CONDITIONS

I understand that my work will be assigned and supervised by the SNI Companies client I recognize SNI Companies is not a professional accounting firm and I am not authorized to render an opinion on financial statements on behalf of SNI Companies or its client. Nor am I authorized to put the name SNI Companies or use their name on financial statements or tax returns. I understand that falsified hours on this timesheet are considered fraudulent and will be prosecuted to the fullest extent of the law. SNI Companies and its employees understand they are not authorized to incur any expenses on client's behalf without client's prior consent. I understand that as a SNI Companies employee, I am not authorized to operate automotive equipment or machinery (other than office machines) or to perform any physical work. I further understand that, as a SNI Companies Employee, I am not authorized to handle cash, negotiable or other valuables without the written consent of SNI Companies, and under no circumstances am I allowed to act as transport of same. I agree to notify my SNI Companies contact immediate should I be offered direct employment by a client (or by a referral of the client to any subsidiary or affiliated company), either for a permanent or temporary position within a one-year period after the last day of any assignment. I further understand that I will not be charged a fee by SNI Companies I agree to notify SNI Companies immediately upon completion of this temporary assignment. Failure to do so will affect eligibility for unemployment benefits.