



1. Type or use ballpoint pen. Press hard; you are making 4 copies.
 2. Use a separate time record for each week, each customer, each pay rate.
 3. Must be signed by authorized representative of the customer.

IMPORTANT FOR EMPLOYEE: BY EXECUTION OF THIS FORM, EMPLOYEE CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.					
Employee Signature X					
Employee Name (Print)					
IMPORTANT FOR CUSTOMER: BY EXECUTION OF THIS FORM, CUSTOMER CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CUSTOMER AGREES TO THE TERMS AND CONDITIONS OF THE REVERSE SIDE OF THIS FORM.					
Company Name					
Authorized Signature					Date
Please Print Name					

WEEK ENDING					
DATE	DAY	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HRS. WORKED
/	MON				
/	TUES				
/	WED				
/	THURS				
/	FRI				
/	SAT				
/	SUN				
TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR →					

CUSTOMER AGREEMENT

It is understood that the individual signing this time sheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily.

Customer agrees that no LeadingEdge employee has been nor will be requested to perform duties outside of those tasks requested by customer as noted in LeadingEdge documentation of original job order.

Customer agrees no insurance is afforded by LeadingEdge for physical loss or damage to customer's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody, or control of LeadingEdge, its agents or employees and that LeadingEdge shall not be liable for physical loss or damage to said property caused by LeadingEdge, its agents or employees. Also, the customer accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of a LeadingEdge employee driving such vehicles.

Customer will not entrust LeadingEdge employees with the care, custody, or control of cash, negotiables, valuables, or other similar property, unless agreed to in writing by LeadingEdge. It is understood and agreed that claims made under the Commercial Blanket Bond must be reported in writing to LeadingEdge within ten (10) days after discovery of the occurrence. Any claim shall be paid only if and when LeadingEdge is paid by its insurer.

Customer agrees that utilization of the employee named on this time sheet on either a temporary or fulltime basis within six months from date on time sheet will be through LeadingEdge. If the customer desires to hire this person on a fulltime basis, it is agreed that notification of this intent will be given to LeadingEdge, and that the person will remain on LeadingEdge payroll for a period of 520 hours.

- I WILL PICK UP MY CHECK
- PLEASE ALLOW _____ TO PICK UP MY CHECK
- PLEASE MAIL MY CHECK
- DIRECT DEPOSIT (IF YOU HAVE SIGNED UP)

TIME SHEETS ARE DUE NO LATER THAN 2:00 P.M. ON TUESDAY!!



San Antonio - P: (210) 590-0600 - F: (210) 590-2964
 Austin - P: (512) 231-1888 - F: (512) 231-1085
 Dallas - P: (972) 788-2500 - F: (972) 788-1188

You may make additional copies of this form for future use.