Your Name						Company Name		
Social Security Number						Department		
Assignment Complete	YES	NO	Week Ending Sunday	/ MO DAY	/ / YEAR	City/State		
	120		Record By Day		Client Verification and Agreement			
D	Less Total				Total Hours	Total Hours Worked		
Mon						Client Signature And Title		
Tues						The above client signature authorizes and certifies that the Arrow Staffing associate named o	n this time record	
Wed						worked the hours indicated with services performed satisfactorily. Client understands and acc the supervision and training of Arrow Staffing employees on its premises. Client will ensure th	e necessary safety	
Thu						equipment for Arrow employees. Client agrees to defend, indemnify and hold harmless Arrow fines, penalties and assessments incurred by Arrow. Client agrees that no insurance is afford	ed Arrow Staffing for	
Fri						physical loss or damage to Client's machinery, equipment, material, vehicle or facility in the constant of the staffing, and that Arrow is not liable damage or physical loss to said property caused by Arrow	w Staffing, its agents	
Sat						or employees. Client accepts full responsibility for claims involving bodily injury, property dam collision incurred as a result of an Arrow employee. Client will not entrust Arrow employees to operate of premises, cash negotiables or valuables and will not authorize Arrow employees to operate	ith the care or control	
Sun						vehicles without prior written notice from Arrow Staffing. Client agrees that Arrow has incurred for advertisement, recruiting, testing and training of its personnel, and that during any tempora	d substantial expense	
I agree that the above for termination. I certify I understand that my ti Associate Signature	y that I have rec	ceived all break	and meal periods to w	hich I am entitled.	TOTAL	within 180 calendar days after the assignment ends, if any Arrow associate is hired by client or of its affiliates, Client agrees to pay Arrow a placement fee of 20% of the employee's estimated annual salary. Client agrees that invoices are due and payable upon receipt and that payments made after 30 days from the invoice date will include a late charre great to 5% of the invoice amount. Client agrees to hear	row AFFING	
Your						Company		
Name Social						Name		
Security Number			Mode			Department		
Assignment Complete	YES	NO	Week Ending Sunday	MO DAY	, YEAR	City/State		
		Time	Record By Day			Client Verification and Agreement		
				Less	Total	Total Hours		
Mon	ate	Start	Finish	Lunch	Hours	Worked Client Signature		
Tues						And Title		
Wed						The above client signature authorizes and certifies that the Arrow Staffing associate named or worked the hours indicated with services performed satisfactorily. Client understands and acc	epts responsibility for	
Thu						the supervision and training of Arrow Staffing employees on its premises. Client will ensure th equipment for Arrow employees. Client agrees to defend, indemnify and hold harmless Arrow	Staffing from all	
						fines, penalties and assessments incurred by Arrow. Client agrees that no insurance is afford physical loss or damage to Client's machinery, equipment, material, vehicle or facility in the ca	are or control of Arrow	
Fri						Staffing, and that Arrow is not liable damage or physical loss to said property caused by Arrov or employees. Client accepts full responsibility for claims involving bodily injury, property dam	age, fire, theft,	
Sat						collision incurred as a result of an Arrow employee. Client will not entrust Arrow employees wi of premises, cash negotiables or valuables and will not authorize Arrow employees to operate	machinery or	
Sun						vehicles without prior written notice from Arrow Staffing. Client agrees that Arrow has incurred for advertisement, recruiting, testing and training of its personnel, and that during any tempora	arv assignment or	
I agree that the above for termination. I certify	other Children and and	A Secretary Delication Co.	and the control of the formation of the first control of the contr	Call Land Sagger		within 180 calendar days after the assignment ends, if any Arrow associate is hired by client of its affiliates, Client agrees to pay Arrow a placement fee of 20% of the	r any	
Associate	I understand that my time record must reach Arrow Staffing by 9AM Monday to be paid Friday. TOTAL associate TOTAL TOTAL employee's estimated annual salary. Client agrees that invoices are due and payable upon receipt and that payments made after 30 days from the invoice adate will include a late charge equal to 5% of the invoice amount. Client agrees to bear the cost of collection and any legal recourse taken by Arrow Staffing to enforce							
Signature						this agreement. The client agrees to all the terms and conditions as stated.		
V						Company		
Your Name						Name		
Social Security Number						Department		
Assignment Complete	YES	NO NO		MO DAY	/ / YEAR	City/State		
	Time Record By Day Less Total				Total	Client Verification and Agreement Total Hours		
	ate	Start	Finish	Lunch	Hours	Worked Client Signature		
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Wed						the supervision and training of Arrow Staffing employees on its premises. Client will ensure the equipment for Arrow employees. Client agrees to defend, indemnify and hold harmless Arrow	e necessary safety Staffing from all	
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Fri						Staffing, and that Arrow is not liable damage or physical loss to said property caused by Arrov or employees. Client accepts full responsibility for claims involving bodily injury, property dam	w Staffing, its agents age, fire, theft,	
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Associate								
Signature						this agreement. The client agrees to all the terms and conditions as stated.		