TIME TICKET

COUNCIL BLUFFS OFFICE
1824 2nd Avenue. • Council Bluffs, IA 51501
402.731.8300

Council Bluffs WorkStaffing

CUSTOMER JOB SITE

Company Name:_____

Supervisor:_____

Duties:_____

_____

CIRCLE ONE: BELOW AVERAGE AVERAGE EXCELLENT

Shift: _____

Time: _____

NAMES	MO	TU	WE	TH	FR	SA	SU	COMMENTS
TOTAL HOURS								

Client: Please have a supervisor fill in the number of hours worked by each Employee and then sign. x_____

TERMS AND CONDITIONS

SUPERVISION AND PROTECTION OF EMPLOYEES. You agree to supervise all service employees and to monitor and control their conduct and work quality. You agree that the service employees are in your care, control, and custody and that you will protect service employees from exposure to any hazardous materials or conditions. You agree not to allow service employees to operate any machinery or vehicles without prior written approval. Client agrees that machinery or vehicles are insured under the Client's liability policy. You agree not to allow service employees to work in areas more than 4 feet below ground level, on ladders, scaffolding, or elevated structures without use of all necessary safety equipment and prior written approval from Omaha@WorkStaffing.
COMPENSATION. You agree to pay Omaha@WorkStaffing for all services provided based upon the Bill Rate for each specific service employee. Omaha@WorkStaffing will bill Clients per weekly invoices. You agree to pay each invoice within seven (7) days of receipt. You agree that any and all amounts unpaid after thirty (30) days will begin on the 31st day, to bear interest per annum at the highest amount allowed by law in the State of Nebraska.
SOLICITATION OF EMPLOYEES. You agree that you will not directly or indirectly offer employment to any service employee of Omaha@WorkStaffing unless that service employee has worked the total number of required hours per previous arrangement. You also agree that you will not directly or indirectly offer employment to any service employee of Omaha@WorkStaffing unless more than forty five (45) days have lapsed since that service employee performed services under your supervision. You agree that you will not directly or indirectly have any service employee transfer to another staffing agency. Violation of these terms will result in payment of damages to Omaha@WorkStaffing in the amount of $1,500.00 for each employee.
HOLD HARMLESS. You agree that you are responsible for, and hereby release, indemnify, agree to defend, and hold Omaha@WorkStaffing harmless from any and all claims for bodily injury, property damages, theft of cash, theft of property, or from loss of use of damaged property ("Claims") arising from the acts or omissions of any Omaha@WorkStaffing service employee under your supervision, except when covered by Omaha@WorkStaffing's insurance, and then Omaha@WorkStaffing will be held responsible only within limits of Omaha@WorkStaffing policy(ies). Notwithstanding the foregoing, Omaha@WorkStaffing will not be liable for the acts or omissions contributing to the claims. **4 HOUR MINIMUM PER PERSON PER DAY**