Onsite Staffing, Inc. WEEKLY TIMESHEET

| TI DADAGRADA B. B. SATERAKNAR DADAGE |
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| Employee Name: |
| Employee Phone: |
| Job Title: |
| Property: |
| During the pay period stated above, indicate by checking the appropriate item whether or not you were injured in a work related accident and whether or not you witnessed a work-related accident during the timeframe indicated on this timesheet. Also, indicate if you have reported any accidents or injuries to you designated supervisor. |
| Not injuredDid not witness |
| Was InjuredDid witnessSupervisor Notified |
| I certify that I have worked the hours listed on this timesheet and have read and accept the terms and conditions set forth in the below section of this timesheet |
| EMPLOYEE SIGNATURE |
| |
| Terms and Conditions for Onsite Staffing, Inc. Associate: Associate agrees that he or she will not work for the client named on this timesheet in any capacity, whether directly or indirectly without prior consent from Onsite Staffing, Inc. Associate agrees to call the Onsite Staffing, Inc. office each Thursday to report his or the availability for the following week. Associate agrees to notify Onsite Staffing, Inc. immediately at the end of each assignment and Associate further agrees that if the or she fails to do so, Onsite Staffing, Inc. may assume that Associate is not available for employment and may, therefore, be ineligible for unemployment benefits. Associate agrees that in the event the or she encounters any problem either and may, therefore, be ineligible for unemployment benefits. Associate agrees that in the event the or she roughless that the consideration, and at no time shall Associate discuss such problem directly with the client or any of its representatives. Associate understands and agrees that Onsite Staffing, Inc. reserves the right to pay the Associate minimum wage due to unsatisfactory job performance or breach of these terms. Should Onsite select this order. |

DEADLINE SUNDAY BY 6:00 PM FAX TO 678-679-0737

| Day | Date | Start Time | End Time | Less Lunch | Daily Total |
|-----------|--------|---------------|-------------|---------------|--------------|
| Monday | / / | | | | |
| Tuesday | 1 1 | | | | |
| /ednesday | 1 1 | | | | |
| Thursday | / / | | | | |
| Friday | / / | | | | |
| Saturday | / / | | | | |
| Sunday | / / | | | | |
| | | | | | |
| | · 2 | • | | | Weekly Total |

timesheet and I agree to the terms and conditions set forth in the below section of this timesheet I certify that the Onsite Staffing, Inc. Associate named herein worked the hours listed on this

AUTHORIZED CUSTOMER SIGNATURE

PRINTED NAME

and agrees that any falsification of information reported on this timesheet may result in immediate termination of employment.

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Terms and conditions for Onsite Client:

anticipated duties, without Onsite Staffing, Inc. prior written consent. Client agrees to notify Onsite immediately upon the completion or termination of the Associates assignment. Client represents to Onsite that it is in full compliance with all the laws, rules, codes, and half, double time, etc.) All invoices not paid by the date are subject to a 1.5% late fee per month and the property is responsible for all collection fees. Late payments will result in loss of guarantee and discounts. Any payments received from the client will automatically be orders will be invoiced at four (4) hours. By signature of this timesheet Client agrees to pay the bill rates associated with the employees' skill level. Client understands that all overtime, weekend or holiday work will be billed at required statutory payment rates (i.e., time and a employees directly hired with in one year of introduction from Onsite from any property within the Management Company the employee was introduced. Client agrees to pay Onsite a minimum billing of four (4) hours per work day, furthermore, same-day cancellations of Client agrees that any temporary associate provided by Onsite Staffing, Inc. is an employee of Onsite Staffing, Inc. As such, Client agrees not to hire either directly or indirectly, said employee/contractor without prior written consent from Onsite. If the Client hires said employee, Client agrees to pay a fee of 10-13% of annual salary offered to employee, depending upon level of position. Client may choose to "buy out" Compliance Depot fee. Client agrees that it is engaging the Onsite Staffing, Inc. Associate listed herein for a specific job function and client. However, Onsite will require that all invoices be paid within 45 days or the client will be required to reimburse Onsite for the result of the inaccuracy of this representation assignment, as previously disclosed by Onsite Staffing, Inc., and that it shall not alter such job function or assignment, or the Associates applied to the oldest invoice on the client's account. Onsite Staffing, Inc. will enroll in Compliance Depot's services upon request from the said employee by paying fees to satisfy the 480 billable hours of the assignment contract. Onsite is due Direct Placement fees for all regulation applicable to its workplace, and agrees to indemnify and hold harmless Onsite from any claims or damages asserted against it as a