

TERMS AND CONDITIONS

The following terms/conditions are the basis for A²Z Personnel-Hamilton, Inc. supplying temporary help to you, our client company. Signature on the front of this time card by client or their agent constitutes acceptance of the following:

1. A²Z Personnel-Hamilton, Inc. insurance does not cover operation of any motor vehicles licensed for highway use by any A²Z Personnel-Hamilton, Inc. employee, nor does it cover physical loss or damage of machinery, equipment or materials while in the care, custody or control of a A²Z Personnel-Hamilton, Inc. employee.
2. Client accepts full responsibility for bodily injury, property damage, fire, theft, collision or public liability claims arising out of the operation of a licensed motor vehicle for the client.
3. Client indemnifies A²Z Personnel-Hamilton, Inc. and A²Z Personnel-Hamilton, Inc. employees for injuries incurred by client's employees in the course of their employment, losses resulting from work performed by A²Z Personnel-Hamilton, Inc. employees in a reasonable manner and/or as instructed by client, and losses resulting from willful misconduct, intentional or negligent acts by client except for losses covered by A²Z Personnel-Hamilton, Inc. Worker's Compensation Insurance.
4. Client agrees to not entrust a A²Z Personnel-Hamilton, Inc. employee with unattended premises or any part thereof, or with the care, custody, or control of cash, negotiable or other valuables without prior permission of A²Z Personnel-Hamilton, Inc. and then only when the A²Z Personnel-Hamilton, Inc. employee's specific duties necessitate such activities.
5. Client agrees to furnish A²Z Personnel-Hamilton, Inc. employees a suitable place to work which complies with all laws and ordinances related to occupational health and safety.
6. Client agrees to notify A²Z Personnel-Hamilton, Inc. of any changes in the duties of a A²Z Personnel-Hamilton, Inc. employee from those originally described to A²Z Personnel-Hamilton, Inc..
7. Client agrees that for a period of 120 days after the last day for which hours are reported to A²Z Personnel-Hamilton, Inc., utilization of this employee will be through A²Z Personnel-Hamilton, Inc. Client agrees to notify A²Z Personnel-Hamilton, Inc. immediately if they reutilize this A²Z Personnel-Hamilton, Inc. employee during the above stated 120 day period.
8. If client desires to transfer this A²Z Personnel-Hamilton, Inc. employee to their payroll, client will notify A²Z Personnel-Hamilton, Inc. immediately. The employee will remain on A²Z Personnel-Hamilton, Inc. payroll for 480 hours (60 working days) unless client agrees to pay a transfer charge to A²Z Personnel-Hamilton, Inc.
9. Client agrees to pay charges for temporary help to A²Z Personnel-Hamilton, Inc. within 7 days of the invoice date, and client agrees to pay the charges evidenced by this time card.
10. A²Z Personnel-Hamilton, Inc. reserves the right to assess interest charges of 1 1/2% per month (18% per annum) on any charges remaining unpaid 15 days after invoice date (unless otherwise specified by state law).
11. Client agrees A²Z Personnel-Hamilton, Inc. is entitled to all reasonable collection fees, attorney fees and any other expenses incurred in the collection of all charges on this client's account(s).

A²Z Personnel - Hamilton, Inc.

842 South 1st • Hamilton, MT 59840 • 406-363-0723 • Fax 406-363-0714
 &
 115 West 3rd, #106 • Stevensville, MT 59870
 (406) 777-1662 • Fax (406) 777-1664

EMPLOYEE NAME		
SOCIAL SECURITY NUMBER		
CLIENT COMPANY	SUPERVISOR	
JOB LOCATION		
PAYROLL DATES	TO	PAY DATE

Assignment Continuing YES NO

W E E K						
DAY	DATE	IN	OUT	IN	OUT	TOTAL HR.
MON.						
TUES.						
WEDS.						
THURS.						
FRI.						
SAT.						
SUN.						
TOTAL HOURS WORKED						

EMPLOYEE: I certify that I worked the hours on this time card and sustained no injuries. You **will not** be paid unless this is signed by you *and* Client Company.

Employee Signature: _____

CLIENT: I, as agent for client company, certify that the above named employee worked satisfactorily and accept the terms and conditions on the reverse side of this time card.

Client Signature: _____ **Date:** _____

CLIENT COMPANY: DO NOT ADVANCE MONEY

OFFICE USE ONLY		EMPLOYEE # _____		
STRAIGHT TIME	OVERTIME	PAY RATE	CLIENT CO. #	OTHER TIME

WHITE: CLIENT — YELLOW: A²Z PERSONNEL — PINK: EMPLOYEE