**GAGE PERSONNEL TIMESHEET:**Please copy and paste into a Word Document for proper signatures before returning to Gage Personnel.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Employee Last 4 SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Week Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIMECARDS ARE DUE MONDAY BEFORE 5:00PM IN ORDER FOR EMPLOYEES TO BE PAID WEEKLY.**

**RETURN TO:**[**PAYROLL@GAGEPERSONNEL.COM**](mailto:PAYROLL@GAGEPERSONNEL.COM)**OR FAX: 610-376-1718**

**DAY                 DATE                 TIME IN              TIME OUT          LESS LUNCH       TOTAL HOURS**

**MONDAY:**

**TUESDAY:**

**WEDNESDAY:**

**THURSDAY:**

**FRIDAY:**

**SATURDAY:**

**SUNDAY:**

**TOTAL WEEKLY HOURS WORKED:**

**Assignment Completed:   \_\_\_\_YES   \_\_\_\_NO**

I hereby certify that the hours shown hereon were worked by me during the week ending designated and certified properly by an authorized representative of the client named herein.  I understand I am to contact Gage Personnel after completing this assignment to discuss another assignment.  If I do not do so, Gage Personnel can assume I am not available for work. I agree that I will obtain Gage Personnel’s permission before discussion of permanent employment with Gage Personnel’s clients. Employee certifies no accident or injury was sustained while working on the assignment unless so noted and recorded with Gage Personnel Safety Coordinator. Pay stubs may be requested at the Gage Personnel Corporate Office.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client signature indicates acceptance of the following terms and conditions: Supervisor's signature authenticates the Total Hours Worked listed are correct and that the work was performed in a satisfactory manner.  If without prior consent from Gage Personnel, any employee referred to client by Gage Personnel is employed by client or by another division, subsidiary or affiliate within six (6) months of initial referral to client, client agrees to pay Gage Personnel a fee in the amount of 20% of the employee's annual starting salary.  Client agrees to a minimum of 500 contractual hours for Light Industrial employees and 600 contractual hours for Clerical employees before hiring a Gage Personnel employee directly onto client's payroll, unless otherwise directed by Gage Personnel.  Client agrees to pay a four (4) hour minimum for employees placed on assignment through Gage Personnel. Client hereby agrees to notify Gage Personnel if the original terms and/or job duties of Gage Personnel employee's job description has changed in any way, otherwise client will agree to indemnify and hold harmless from claims resulting from client negligence.

**Authorized Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE KEEP A COPY FOR YOUR RECORDS.**

**NEW ADDRESS?** PLEASE COMPLETE NEW ADDRESS/RESIDENCY FORM AND RETURN TO [PAYROLL@GAGEPERSONNEL.COM](mailto:PAYROLL@GAGEPERSONNEL.COM)

[**https://www.hab-inc.com/wp-content/uploads/Residency-Certification-Form-DCED-CLGS-32-6-8-11.pdf**](https://www.hab-inc.com/wp-content/uploads/Residency-Certification-Form-DCED-CLGS-32-6-8-11.pdf)

**NEW PHONE NUMBER?** PLEASE EMAIL [JOBS@GAGEPERSONNEL.COM](mailto:JOBS@GAGEPERSONNEL.COM)