

# Total Medical Personnel Staffing

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Print With Ink Pen ---- Press Firmly

Employee Name	Classification
Facility Name	Unit

**ROUND ALL TIMES TO NEAREST QUARTER HOUR**

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH	DAILY HOURS
	MON				
	TUE				
	WED				
	THU				
	FRI				
	SAT				
	SUN				
<b>LONG TERM ASSIGNMENT?</b>					<b>TOTAL HOURS</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		Regular Time		Overtime Hours	

**EMPLOYEE:** Execution of this time sheet is your responsibility. You cannot be paid unless the time sheet is signed by you and the client company.

I recognize that all client facilities that require mandatory lunches, must have appropriate supervisor's initials, for paid lunch. Initials must be on specific date in the "less lunch" box.

I certify that I have worked the hours listed on this time sheet and that I performed the service, and that I sustained no injury during this assignment.

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS HEREON AND THE REVERSE SIDE HEREOF. TIMESHEETS MUST BE RECEIVED IN THE TOTAL MEDICAL PERSONNEL SERVICES OFFICE WITHIN SEVEN (7) DAYS OF DATE WORKED.**

Every temporary employee is required to contact Total Medical Personnel Staffing when their assignment with a customer ends. If the employee fails to make such contact, the employee may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I agree not to ask for or accept employment from any client I am assigned to by Total Medical Personnel Staffing without notifying Total Medical Personnel Staffing in writing. Void after thirty (30) days.

EMPLOYEE SIGNATURE \_\_\_\_\_

**CUSTOMER:** We agree that Total Medical Personnel Staffing has incurred and will continue to incur expenses in maintaining it's staff of temporary employees. We agree with the "Client Terms and Conditions" as specified on the back of this slip.

My signature on this time sheet certifies that the total number of hours indicated is correct.

CLIENT COMPANY AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

## CLIENT TERMS AND CONDITIONS

In consideration of services performed, Total Medical Personnel Staffing (TMPS) and Client agree to the following:

TMPS and Client agree that Client shall pay all invoices directly and only to TMPS at P.O. Box 26243, Oklahoma City, Oklahoma 73126.

I agree to terms of net upon receipt and to pay interest on unpaid accounts over thirty (30) days at the rate of 1.5% per invoice not paid in full for each 30 day increment.

We understand that the employee of TMPS is referred to us on a temporary basis while searching for employment through TMPS. If our company, or an affiliate, employs this person on their payroll or in a consulting capacity, or if within 180 days after termination of this person's temporary assignment, utilizes this person's services through another temporary or outsourcing service, unless otherwise agreed to in writing, we agree to pay TMPS their permanent placement fee as follows:

One percent (1%) for each thousand dollars of computed annual salary (e.g. 20% for \$20,000 salary) multiplied by the annual salary, to a maximum of twenty-five percent (25%). If the employee is employed on a part-time basis the calculation will be made based on a full time equivalent but not less than \$1,000.

We agree that payments made or due to TMPS for temporary service prior to said employment will not be applied against the permanent placement fee.

Unless we have obtained the prior written consent of TMPS we agree not to ask or allow a temporary employee to perform any of the following job-related activities:

- A. Driving an automobile or other motor vehicle;
- B. Operating machinery other than office or medical equipment; or
- C. Handling cash, securities, or other valuables or to be assigned responsibility for any otherwise unattended premises.

If this prior written consent is not obtained, we agree to waive all rights to make a claim against TMPS and to relieve TMPS from all liability and responsibility for any damage, loss or expense which we incur as a result of this temporary employee engaging in such activities, and we further agree to indemnify and hold harmless TMPS from and against all claims, damages, bodily injuries, losses, and expenses which might be caused as a result of the temporary employee engaging in any of these activities.

Furthermore, we agree not to expose any TMPS employees to unnecessary hazard or extra hazard, and not to violate any OSHA or safety law, rule or regulation whether federal, state or local. We understand that we will be held liable as a result of the breach of this agreement.

Client shall pay all reasonable attorneys' fees and other costs incurred by TMPS in enforcing this agreement.

No oral statements shall modify or affect the foregoing terms and conditions.

## EMPLOYEE'S TERMS AND CONDITIONS

I understand that my work will be assigned and supervised by a client of TMPS and that I am not authorized to operate either automotive equipment or machinery (other than office or medical equipment).

I further understand that I am not authorized to handle cash, negotiables, or other valuables without the written consent of TMPS.

I also agree that for 180 days after the termination of my assignment, as a temporary employee of TMPS I will not provide my services to this client of TMPS directly or indirectly, as an employee of any other temporary service or outsourcing service.

I understand that I have a right to know what hazardous substances, if any, are used at the location to which I am assigned and that it is my responsibility to ask the client where the list of hazardous substances is posted.

I understand that if I work more than one company during the work week (Monday to Sunday) I may not work more than 40 hours without prior permission from TMPS.