

Employee Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Last 4 digits of SS#: _____

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Fax: _____

Client Terms and Conditions:

As an authorized representative of the Company, I understand that this contract authorizes Avery Partners, Inc. to invoice this practice for the services of the Employee at a pre-established billing rate for this classification for the hours recorded on this document. Any time over 40 hours will be billed at time and a half. Billing is weekly and payment is due upon receipt of the invoice. I understand that no direct payment is to be made to the employee. I further understand that this invoice will be considered in default after 30 days from the postmark of the invoice. Additionally I understand that in such instance I will be liable for a default charge of **1.5 PERCENT PER MONTH OF THE UNPAID BALANCE AND COSTS OF COLLECTION.**

I understand that the above named employee is an employee of AVERY PARTNERS, INC. and that should I desire to hire this employee either directly or indirectly for permanent, temporary, or part-time employment, I agree to notify AVERY PARTNERS, INC. of this offer, and I understand that should the employee accept, s(he) will furnish these services to this company as an employee of AVERY PARTNERS, INC. at the current rate for a period of 480 hours from the date of notification or pay a direct hire fee at the current rate. I agree that this company shall also be obligated to this requirement for a period of one (1) year following the termination of this assignment. I understand that no insurance is afforded by AVERY PARTNERS, INC. for physical loss or damage to machinery, equipment or materials, and that AVERY PARTNERS, INC. shall not be held liable for physical loss or damage to said property caused by the company, its agents or employees. I also accept full responsibility for claims involving bodily injury, property damage, fire, and theft or liability damages. I understand that supervisory responsibility remains with me and is not waived by virtue of the employee's contract with AVERY PARTNERS, INC.. This agreement provides authorization to communicate with your practice through fax and/or email correspondence. Twenty-four (24) hour cancellation policy: There is a four (4) hour minimum charge for any job order canceled 24 hours or less prior to confirmed assignment.

MUST BE RECEIVED BY 10:00AM ON MONDAY

EMAIL TO timesheet@ddsstaffing.com or FAX 678.367.4603

MUST BE COMPLETED IN FULL AND SIGNED BY BOTH THE EMPLOYEE AND COMPANY

DAY	DATE	START TIME	FINISH TIME	LUNCH/BREAK	TOTAL HOURS
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					
Please do not use military time. TOTAL HOURS FOR THE WEEK:					

I certify that the hours shown above represent the total time worked on the assignment during the week indicated, that I am to notify AVERY PARTNERS, INC. and that I must return this signed (signed by client and contractor) form upon completion of this agreement.

Employee Signature: _____

As a duly authorized representative of this office, I agree to the Terms and Conditions outlined above and I certify that the hours shown above are correct and that the employee performed satisfactorily.

Authorized Signature: _____ **Print Name:** _____

Employee Evaluation – please circle: **Satisfactory** **Unsatisfactory**

Comments:
