# Staffing Boutique, Inc.

www.staffingboutique.org

**Please fill In every section and all lines numbered 1-8; Obtain your supervisor's signature (No. 9) and email payroll@staffingboutique.org or FAX to (646.558.0364) before 5 pm on Monday for your prior week's work.**

| | | | |
|---|---|---|---|
| (1) | **EMPLOYEE NAME** (PLEASE PRINT) | **SOCIAL SECURITY NUMBER** (last 4 digits) [redacted] - [redacted] - | |

(2) **WEEK ENDING DATE** (SUNDAY) _____ /_____ / 2024(mm/dd/yyyy)

| | | |
|---|---|---|
| (3) | **ORGANIZATION NAME:** | **SUPERVISOR NAME** (print): |

| | DAY | DATE | TIME IN | LUNCH OUT/IN | TIME OUT | DAILY TOTAL (Do not include lunch time in your total) |
|---|---|---|---|---|---|---|
| (4) | MONDAY | | | | | |
| | TUESDAY | | | | | |
| | WEDNESDAY | | | | | |
| | THURSDAY | | | | | |
| | FRIDAY | | | | | |
| | SATURDAY | | | | | |
| | SUNDAY | | | | | |
| (5) | **TOTAL HOURS WORKED TO NEAREST ¼ HOUR:** | | | | | |

(6) **PLEASE PRINT IN LETTERS THE TOTAL HOURS WORKED:**

(7) **PLEASE** MAIL ☐ DirDep ☐ **MY CHECK** | **THIS ASSIGNMENT IS** ENDING ☐ CONTINUING ☐

**I CERTIFY that I worked the hours noted above during the week ending shown above, and that these hours were properly verified by an authorized representative of the client organization.**

(8)

_____ _____

**EMPLOYEE SIGNATURE** **DATE**

## TO SUPERVISOR: PLEASE READ CAREFULLY AND SIGN

I understand that the temporary employee named herein is a direct employee of Staffing Boutique**.** I agree that for a period of 180 days from the week-ending date of this timesheet, we will not hire this temp, directly or indirectly (through another temporary or staffing service firm.) Should you hire without Staffing Boutique's consent, Staffing Boutique will charge you a release fee based upon the Temp-to-Hire fee schedule.

**STAFFING BOUTIQUE** temps are not authorized to handle cash or other valuables without written consent from STAFFING BOUTIQUE.

**STAFFING BOUTIQUE** is not liable for any claims unless such claims are reported to Staffing Boutique in writing**,** by the undersigned, within 30 calendar days after termination of this temp's assignment. Further, I agree that while a temp is assigned to us, it is solely and entirely the responsibility of our organization to direct and control the work of the temp, and that Staffing Boutique has no responsibility regarding any work performed by the temp. I further agree that we will hold Staffing Boutique harmless for any and all liability, fault or damage arising out of the temp's assignment with our organization including, but not limited to, any and all work performed by, actions, or conduct of the temp.

**STAFFING BOUTIQUE PAYS ITS TEMPS IMMEDIATELY. Invoice payments are due within 10 days of receipt.**

**TEMP-TO- HIRE conversions are charged according to Staffing Boutique's Temp-to-Hire fee schedule.**

**I hereby certify that the hours listed above are true and correct, that the work performed was satisfactory, and that my signature constitutes an authorization to bill the named organization for these hours. Faxed signatures on this document constitute confirmation of above information.**

(9)

_____ _____ _____

**SIGNATURE OF SUPERVISOR** **TITLE** **DATE**