FOCUS

EMPLOYEE – PLEASE COMPLETE (no paycheck if items 1-12 are incomplete)

1. EMPLOYEE NAME: _____

2. LAST 6 OF SSN: _____

3. FOR WEEK ENDING (SUNDAY): _____

DAY OF WEEK	IN	OUT	LUNCH	REG. TOTAL	O/T TOTAL
4. MON					
5. TUES					
6. WED					
7. THURS					
8. FRI					
9. SAT					
10. SUN					
11. *ENTER TOTAL PAY HOURS ➡					

NOTICE: Total hours must be entered. Time will not be paid if no total is entered. Overtime includes any hours worked over 40 hours.

12. CHECK: MAIL _____   HOLD _____   FOUR HOUR MINIMUM CHARGE

*PLEASE MAKE SURE HOURS ARE TOTALED.

White – Client Copy   **Yellow, Pink –** FOCUS Copy

CLIENT – PLEASE COMPLETE

COMPANY NAME: _____

DEPARTMENT: _____

P.O. NO.: _____   PHONE NO.: _____   EXT.: _____

NOTE TO CLIENT:

1. You will be billed for the hours listed. Overtime hours are billed at time and one-half for hours worked over 40. Client understands and agrees that Focus has incurred expenses in hiring its employees to serve client. If client desires to hire a Focus employee, in any capacity whatsoever, including but not limited to retaining their services as an employee, independent contractor, or through another employment service, prior to the completion of 520 hours, client agrees to pay a conversion fee of 25% of the annualized salary. Client agrees to pay a conversion fee of 25% for all Focus employees transferred directly from Focus' payroll to any of Focus' competitor's payroll regardless of number of hours worked by employee. Client agrees not to share any information about Focus employees to third parties.
2. If collection or enforcement of these terms becomes necessary by suit or otherwise, Client agrees to pay all costs of collection and legal attorney's fees and costs.

By signing this timecard client agrees to the terms above unless a specific term or condition violates or contradicts a previously signed contract, in which case that contract would prevail. Client agrees that the hours are correct, and the work was performed to client's satisfaction.

APPROVED BY: _____   DATE: _____