

Millennium Personnel Corp.

224 West 30th Street, Suite 204

New York, NY 10001

(212) 244-2777 / (212) 244-1551 fax

TERMS & CONDITIONS

INSTRUCTIONS FOR CLIENT: (1) Please make certain the hours you verified are correct. (2) Time and one half will be billed for all hours over 40 during the work week. (3) We welcome comments on this employee.

PLEASE FILL OUT IN BLUE INK

Employee's Name
Please Print _____

Employee's Signature _____

Social Security No. _____

Week Ending Sunday: ___/___/___ (Check One) **Mail Check**
Direct Deposit

Date	Day	Time In	Time Out	Less Lunch	Total
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Four (4) Hour Minimum Per Day

(Total Hours Worked to Nearest ¼ Hour) *Any hours over 40 are considered OT unless otherwise specified. **TOTAL** _____

COMPANY NAME _____

ADDRESS _____

SUPERVISOR'S NAME (PRINT) _____

SUPERVISOR'S SIGNATURE _____

TOTAL HOURS IN WORDS _____

NOTICE TO CLIENT: Your signature attests to the accuracy of the total hours indicated. Please note terms and conditions on opposite side.

COMPANY: 1) I certify that the total hours shown are true and correct, and the work was performed in a satisfactory manner. This signature is authorization to bill the named company for these hours.

2) We understand that the temporary employee named above is a direct employee of **Millennium Personnel Corp.** and represents a substantial investment to that firm. We agree that for a period of 180 days after completion of his or her assignment with us, we will not hire directly or through another temporary service this person in connection with those assignments we are completing this time slip without written permission from **Millennium Personnel Corp.**, unless we reimburse **Millennium Personnel Corp.** 250 hours at current Billing Rate in Liquidated Damages, for replacement costs for like personnel.

Client agrees to comply with **Millennium Personnel Corp.** credit terms. Delinquent accounts will be subject to late charges of 1 ½% monthly (annual rate of 18%) on the unpaid balance. Client agrees to pay any attorney's fees and reasonable court cost required to collect an unpaid balance.