

Fax no later than Monday 9:00 a.m. to:  
**925.855.3609**

Call for verbal confirmation to ensure prompt payroll processing.

# Dynamic Office & Accounting Solutions

## Serving the Bay Area since 1997

[www.dynamicplacements.com](http://www.dynamicplacements.com)

Our Payroll Department can be reached at 925.855.3600

<b>EMPLOYEE NAME:</b>		<b>WEEK ENDING DATE</b>	
<b>SOCIAL SECURITY NO.:</b> —                   —		—                   —	
<b>COMPANY:</b>		<b>PRINT SUPERVISOR'S NAME:</b>	
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>ZIP:</b>	
		<b>P.O.#</b>	

**PLEASE PRINT CLEARLY AND PRESS FIRMLY**

**ENSURE ALL COPIES ARE READABLE**

	DATE MM/DD	TIME IN	LUNCH		TIME OUT	REGULAR	TOTAL HOURS	
			OUT	IN			OVERTIME	DOUBLE
<b>M</b>	/							
<b>T</b>	/							
<b>W</b>	/							
<b>Th</b>	/							
<b>F</b>	/							
<b>Sa</b>	/							
<b>Su</b>	/							
Returning to assignment Yes      No		<input type="checkbox"/> Mail Paycheck		Check will be mailed if no box is checked. Check must be picked-up by 5:00 p.m. Friday or it will be mailed.		<b>TOTAL HOURS</b>		
		<input type="checkbox"/> Pick-up Paycheck						

Report time to the nearest 1/4 hr (8:00; 10:15; 1:30; 3:45; 5:00) Use decimals for 1/4 hr (15min = .25; 30min = .50; 45min = .75)

**CLIENT AGREEMENT**

**SERVICE TERMS**

Dynamic Office & Accounting Solutions (Dynamic) welcomes and appreciates the opportunity to provide services and solutions to our Clients. As and when requested by the Client, Dynamic will provide qualified temporary employees and experienced professional candidates for Direct Hire and Working Interviews with the Client for the agreed to billing rate or predetermined placement fee.

Payment to employees of Dynamic in the way of wages, compensation, and benefits, after state and federal tax deductions, as well as other state and federal required deductions is the responsibility of Dynamic as the employer.

Dynamic will maintain the following insurance policies:

- Comprehensive General Liability (excluding auto)
- Workers Compensation and Employer's Liability

At any time the Client may view or request a copy of Dynamic's Certificate of Insurance.

**BILLING**

The approving signature of the Client or his/her representative on the employee's timecard, gives authorization for Dynamic to invoice the Client weekly for the hours worked (4 hr. per day minimum).

All invoices are **due upon receipt** and are payable directly to Dynamic and mailed to the address as noted on the invoice.

The billing rates may be increased or decreased in accordance with Governmental statutory changes. Governmental statutory changes are defined as any change in pay rates based on State or Federal changes in the minimum wage or any change in Federal Insurance Contribution Act (FICA), State Unemployment Insurance (SDI), Federal Unemployment Insurance (FUI) or Worker's Compensation Insurance. Any request to adjust pricing due to governmental statutory changes must be made in writing thirty (30) days prior to the effective date.

**HIRING/CONVERSION FEE**

Dynamic understands that Client may wish to employ a Temporary after evaluating his or her performance. Client understands and agrees that Dynamic's Temporaries represent its inventory of skilled professionals. If Client converts a Temporary to its payroll, engages the services of the Temporary as an independent contractor, or receives the services of the Temporary through the payroll of any other entity in any capacity at any time after Dynamic refers the Temporary to Client, within a period of one year from the last day of employment through Dynamic, Client agrees to pay a conversion fee. Unless otherwise provided in a previously executed Professional Services Agreement between Dynamic and Client, the conversion fee shall be twenty-five percent (25%) of employee's first year estimated compensation.

**ASSIGNMENT REQUIREMENTS**

The Client shall comply with all safety regulations as so stated and required by OSHA.

The Client will not advance nor give responsibility of cash, alcoholic beverages, or articles of value to a Dynamic employee. If the Client chooses to do so, the Client Company accepts 100%

liability and agrees to relinquish Client rights to offset payments to Dynamic or use any other means to recoup reimbursements of the advance or damages from Dynamic.

*No employee is authorized* by Dynamic to operate a vehicle or any other type of transportation or heavy machinery, nor insured for accidents or injuries if doing so, while on assignment for the Client.

**CONDITIONS**

All reasonable legal fees and costs incurred by Dynamic to enforce this agreement shall be paid by the Client. If Dynamic and Client have executed a Professional Services Agreement ("PSA"), this Agreement is intended to supplement, and not replace, the PSA. If there is any inconsistency between this agreement and the PSA, the PSA shall control. Oral statements or agreements cannot change or override this agreement or the PSA.

**NO WARRANTY**

Dynamic makes no express or implied warranty, including but not limited to, any warranty of the quality of employee, the accuracy of any information supplied by employee or by any representative of Dynamic, or of the quality, performance, merchantability or fitness for any purposes of the services performed under this Agreement and/or the PSA. In no event shall Dynamic be liable to Client or any other party for any damages, expenses, liabilities, fees or losses ("Losses"), including consequential Losses, arising out of this Agreement, the PSA, the services provided hereunder, or any act or omission of employee, even if such Losses could have been reasonably foreseen.

**GUARANTEE**

If Client notifies Dynamic that it is dissatisfied with an employee prior to the conclusion of employee's first eight hours of work, Dynamic will replace the candidate the next business day and you will not be charged for the first eight hours worked. This guarantee is in lieu of all other guarantees or warranties, express or implied.

**CLIENT**

Execution of timecard approves the total number of hours recorded above.

**I HAVE READ AND AGREE TO THE TERMS STATED IN THIS AGREEMENT AND UNDERSTAND I AM RESPONSIBLE FOR KEEPING THE ORIGINAL COPY FOR MY COMPANY RECORDS.**

**CLIENT SIGNATURE:** \_\_\_\_\_

**PRINT NAME/TITLE:** \_\_\_\_\_

**EMPLOYEE**

I hereby attest that all information recorded on this timecard is true and correct. I understand that the execution of this timecard is my responsibility. I will not be paid if not executed by client and self, and original is received by Dynamic no later than 9:00 a.m. Monday.

**EMPLOYEE PRINT NAME/SIGN:** \_\_\_\_\_