



# TIMESHEET

Mail     Pick-Up

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      Zip Code                      Phone #

**Manning Personnel Group, Inc.**  
**211 Congress Street**  
**10<sup>th</sup> Floor**  
**Boston, MA 02110**  
**☎ 617- 523-8866**  
**☎ 866-848-9302**  
**☎ 617-722-8359**

**PLEASE FAX OR EMAIL BY 5PM EACH FRIDAY to  
866-848-9302 or [timecards@manningpg.com](mailto:timecards@manningpg.com)**

(Your timecard must be faxed on the Friday concluding your current work week for on-time processing.)

Week Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your assignment continuing?    yes/no

Are you available for work?        yes/no

Employee certifies that this form is true and accurate, and no injuries were sustained during this assignment.

Date	SAT	SUN	MON	TUES	WED	THU	FRI
Time In							
Time Out							
Less Lunch							
Total Hours							

**TOTAL HOURS FOR THE WEEK:** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT AGREEMENT**

Execution of this form verifies that the total hours listed are accurate, that the work was performed satisfactorily. In consideration to the agreement by Manning Personnel Group, Inc., to provide the client with temporary employment placement services, the client and affiliated companies agree:

1. To notify and consult with Manning Personnel Group, Inc., prior to hiring any temporary employee, for any position, referred by Manning Personnel Group, Inc.
2. To pay Manning Personnel Group, Inc., a placement fee when permanently employing, in any position or capacity, a Manning temporary employee assigned by Manning Personnel Group, Inc., to client or affiliated client. The placement fee is negotiated by Manning Personnel Group, Inc.
3. To pay to Manning Personnel Group, Inc., the standard fee for temporary placement services if the temporary employee is hired for any temporary duty within 6 months of Manning's placement of the employee with the client and affiliates.

Supervisor (Print Name) \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_