

# BOS MEDICAL

Phone: 706-775-8907 • Fax: 706-543-8440

Employee Name: \_\_\_\_\_

Week Ending Sunday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last four of Social: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**IMPORTANT FOR EMPLOYEE:** BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON BOTTOM; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED. NOTE: If you fail to contact us, without good cause, unemployment benefits may be denied.

**EMPLOYEE MUST DOCUMENT MEAL BREAK**, if employee does not take a lunch then write no lunch and it must be initialed by the signing supervisor. Employee must notify BOS if anything other than scheduled shift is worked.

Day	Date	Start	Finish	Lunch	Total Hours	Signature of Supervisor
MON		AM PM	AM PM			
TUES		AM PM	AM PM			
WED		AM PM	AM PM			
THURS		AM PM	AM PM			
FRI		AM PM	AM PM			
SAT		AM PM	AM PM			
SUN		AM PM	AM PM			

**IMPORTANT FOR CLIENT:** BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS BELOW.

## CLIENT INFORMATION & EMPLOYEE INFORMATION

Client named above, or their representative, hereby agrees that BOS named above: (1) incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee ("Employee") named above. Client agrees that if Client hires Employee within 12 months after this date, without agreement from BOS, Client will pay BOS's conversion charge. (2) Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner (\*MINIMUM FOUR [4] HOURS UNLESS OTHERWISE AGREED TO BY CLIENT AND BOS). (3) Client confirms the prior agreement between BOS and Client with respect to the services performed hereunder and any future services. (4) Client has not and shall not in the future without prior written permission from BOS in each instance: (i) entrust Employee with unattended premises, cash, negotiable instruments, or other valuables or authorize Employee to operate machinery or motor vehicles; (ii) assign Employee to perform work other than that described at the time Client placed the job order. (5) BOS's insurance does not cover loss or damage caused by Employee operating Client's owned or leased motor vehicle(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of Employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph 4(i) or 4(ii) above. (6) BOS is not responsible for claims made under its liability or bond insurance policies unless such claims are reported to BOS in writing by Client within 30 days after occurrence. (7) BOS is not responsible for claims for damage to property within BOS's or Employee's care, custody and control. (8) In the event of Client's non-payment of BOS's invoices, Client agrees to be responsible for all collection expenses, including attorneys' fees, interest and court costs. (9) Client accepts the obligation to discuss all matters concerning Employee, including without limitation, Employee's job assignments, wages and payroll procedures with BOS and not with Employee directly. (10) Client shall indemnify and hold BOS, its subsidiaries, affiliates and agents, including the employer of record harmless from any and all claims and damages arising out of Client's violation of employment laws including, without limitation, OSHA and EEO, and immigration laws. (1) Recording Your Time. Report all time to the nearest 1/4 hour. Do not show odd minutes. (2) Overtime. All authorized work you perform in excess of 40 hours per week (Mon-Sun) will be at time and one-half the regular rate. You are permitted to work overtime only if the client requests and approves such work. Approval must be obtained from us by the client before overtime can be authorized. (3) Meal Break. Your meal break will be determined by the supervisor to whom you are assigned. (4) Absence – Call Us At Once. We will contact the client. If you will be out for a number of days it will be up to the client to decide on replacing you or awaiting your return. (5) Never Call Our Client. When you are late, or if you cannot work the prescribed hours, or if you won't be able to report for work, call us. (6) Future Assignments. If you do not contact us after each assignment, we will assume you are not available for work.