

201 Park Ave., Suite 8, 3<sup>rd</sup> floor, West Springfield, MA 01089 Tel: 413-732-6644 Fax: **413 -732-4692** 

## NOTE: All checks are mailed out of our corporate office in Windsor, CT.

Company Name Company Addr		Employee's Name Week Ending Date			
			_		
	Date	Start	End	Minus	Total
	MM/DD	Time	Time	Lunch	Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
	ha nagrast 1/2 hour (a	g.: 8:15, 8:30, 8:45, e	ota ) Woo	ekly Hours	
will assume total charges.  Overtime will be A J. Morrissey & employee is not deposits).  J. Morrissey & C. Morrissey & C. Client accepts an operating the clic.  J. Morrissey & C. employee(s) you agency) within s	ened is an employee of J. M. I responsibility to pay all fe billed at one and one-half & Co employee may not har under any circumstance alle. Co does not authorize any J. 's insurance does not covery/all responsibility for propent's vehicle, whether own Company temporary employ may wish to employ this p ix months after the last day	deral, state and local withhouse the billing rate (Federal law adle cash, negotiable items owed to transport or convey.  Morrissey & Co employee r physical loss, damage or liberty damage, bodily injury, ed or rented.  yees often times are looking terson directly. This include of the assignment regardle.	or requires in excess of 40 has rother values without we any negotiable items included to operate machinery or a lability caused by operation fire, theft, or public liability for direct hire employments, but not limited to permass of classification. You a	cial security, state disability in nours per week, state laws varitten consent of J. Morrissey luding cash (including, but no automotive equipment (other on of client's automotive equi- ity claims caused as a result int. After you evaluate the pot anent, consulting or temporar also agree to pay the fee if the	& Co. A J. Morrissey & Co of limited to delivering bank than office machines). J. ipment. It is agreed to that the of a J. Morrissey & Co employee
	81-640; 10%, 641 – plus; 5	5% (the percentage applies t	o the employees' 1st year		ment are net 30 from start date.
lient Printed Na	me		<b>Employee Printe</b>	d Name	
lient Signature			<b>Employee Signat</b>	ure	

It is very important that you fax this timesheet to us on the last day of your work week. Please call us to make sure we have received your faxed copy. As of 12:00 noon on Monday, payroll will close and any time sheets received after noon will be processed the following week. Fax: 413-732-4692 or email: dianes@jmorrissey.com