



# Weekly Time Sheet

Tel: (864) 675-3490

Fax: (864) 675-3491

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

Client: \_\_\_\_\_ Week ending (Saturday): \_\_\_\_\_

DAY	START	END	LUNCH (less)	Regular Hours	Overtime Hours	Total Hours
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
<b>WEEKLY TOTALS</b>						

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLIENT AGREEMENT

The individual signing this time sheet is an authorized representative of the client company and hereby certifies that the hours worked as indicated above are true and correct and that the work was performed in a satisfactory manner.

We understand that the supervision of the assigned ComfortMax Home Healthcare employee for the agreed upon duties is our (the client) responsibility.

Client will not entrust ComfortMax Home Healthcare employees with the care, custody or control of cash, negotiables, valuables or other similar property. It is understood and agreed that claims must be reported in writing to ComfortMax Home Healthcare within ten (10) days after discovery of the occurrence.

Client agrees that no insurance is afforded by ComfortMax Home Healthcare for physical loss or damage to client's machinery, equipment, material or any motorized vehicle (licensed for road use or not) in the care, custody, or control of ComfortMax Home Healthcare, its agents or employees. ComfortMax Home Healthcare shall not be liable for physical loss or damage to said property or loss of said property caused by ComfortMax Home Healthcare, its agents or employees. Also, the client accepts full responsibility for claims (except for damages to the ComfortMax Home Healthcare employee covered by the worker's compensation laws of this state) involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damage incurred as a result of a ComfortMax Home Healthcare employee operating such machinery, equipment, material or any motorized vehicle with or without prior notice to ComfortMax Home Healthcare.

The ComfortMax Home Healthcare employee is compensated on a weekly basis. Therefore, we (the client) will be billed weekly. Payment will be due upon the receipt of the invoice. We will be billed for the hours shown above at the agreed upon rate. Overtime hours will be billed at one-and-one-half times the straight billing rate. ComfortMax Home Healthcare reserves the right to charge interest on any amounts which remain unpaid after 30 days from the date of the invoice at a rate of one and one-half percent (1.5%) per month or the maximum legal rate, whichever is lower, until paid in full. In the event that we fail to pay the charges of ComfortMax Home Healthcare (whether for temporary services or settlement fee) when due, we (the client) shall pay all late charge fees, collection and/or litigation costs plus reasonable attorney's fees incurred by ComfortMax Home Healthcare due to such nonpayment.

Client agrees that utilization of the above named employee on either a temporary or permanent basis within one (1) year from the date on the time sheet will be through ComfortMax Home Healthcare. If the client desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to ComfortMax Home Healthcare in writing and that the person will remain on ComfortMax Home Healthcare payroll for a period of 520 hours from the date of notification.

We hereby warrant that we (the client) are in compliance with all laws, rules and regulations of duly constituted governmental bodies concerning ComfortMax Home Healthcare or any other employee and agree to indemnify, defend, and hold ComfortMax Home Healthcare harmless from any and all damages, claims, suits, demands, or other causes of action which may arise or be asserted against ComfortMax Home Healthcare by reason of our (client) failure to comply with same.