



**INTERVIEWING CONSULTANTS, INC
PERMANENT & TEMPORARY STAFFING**

TIME SHEET FOR WEEK ENDING _____

HOURS WORKED					
	DATE	TIME IN	TIME OUT	LESS LUNCH TIME	TOTAL HOURS FOR DAY
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL NUMBER HOURS WORKED					

TO OUR EMPLOYEE:

Report all time in ¼ hour increments.

Time sheets must be faxed in no later than Monday at 9:00 a.m. in order to be processed and paid the following Tuesday afternoon.

Time sheets must be signed by your supervisor at the end of each week. If you will exceed 40 hours in one week, call for approval first.

I understand that, when not on an assignment, I must contact the Temporary Department at ICI with my availability each work day by 8:00 a.m. If I fail to comply with this policy, my employment status is considered "Not Available", "Voluntary Quit". I agree not to accept temporary or permanent employment, either directly or through another temporary agency, with this client for a period of one year from my last day worked at such client. A breach of this provision shall entitle ICI to recover liquidated damages.

I accept and certify that the hours shown hereon were worked by me during the week stated.

Employee Name (Please Print)

Employee Social Security #

Employee Signature

Check: Mail Pick-Up Direct Deposit

TO OUR CLIENT:

Because of the quality of our employees, situations arise when our employee is considered for employment by our client. In such situations, contact us so that we can discuss the opportunity with our employee. If our employee is interested in being employed by your company, the situation is discussed, assessed and the fee is determined at that time. In consideration of the furnishing of services above by us, it is agreed that your company shall not employ the person named above for temporary work or permanent employment, either directly or through another agency for a period of 1 year from the last day worked, without the written approval by ICI. A breach of this provision shall entitle us to recover liquidated damages.

I accept the above and approve of the hours shown.

Supervisor/Manager Name (Please Print)

Supervisor/Manager Signature

Company Name

**20 N. CLARK ■ SUITE 2620 ■ CHICAGO, IL 60602
PHONE: (312) 977.4603 FAX: (312) 977.4630**