



- ( ) Response Accounting Temporaries
- ( ) Response Financial Services Consulting
- ( ) Response Legal Staffing ( ) RPI ( ) RCRS

10 East 40th Street 5th Floor New York, NY 10016 Phone: (212) 295-4302 Fax: (212) 208-0983 or (212) 532-0660

**EMPLOYEE WORK RECORD  
FOR THE WEEK ENDED**

\_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

For Instructions Please See Other Side:

DAY OF WEEK	DATE: month & day	TIME IN	Lunch: Out-In**	TIME OUT	HOURS WRKD*	FOR OFFICE USE ONLY
MON	___/___	_____	___ --- ___	_____	_____	_____
TUES	___/___	_____	___ --- ___	_____	_____	_____
WED	___/___	_____	___ --- ___	_____	_____	_____
THURS	___/___	_____	___ --- ___	_____	_____	_____
FRI	___/___	_____	___ --- ___	_____	_____	_____
SAT	___/___	_____	___ --- ___	_____	_____	_____
SUN	___/___	_____	___ --- ___	_____	_____	_____
Total hours worked						
Total days worked						

**IMPORTANT FOR THE EMPLOYEES:** Our pay period runs from Monday through Sunday. Work records **MUST** be submitted by **five o'clock (5:00)** of the **Monday** following the end of the pay period. Compensation will be in accordance with the individual Project Agreement received for this assignment. By execution of this form employee certifies that the hours shown are correct and no accident or injury was sustained while working on the assignment.

X \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

**\*\*YOU MUST CHECK ONE OF THE FOLLOWING IN ORDER TO RECEIVE YOUR CHECK ON TIME!!!**

- ( ) **HOLD** my check for pick up by 5:00
- ( ) **MAIL** my check to my home

**IMPORTANT FOR THE CLIENT:** By execution of this form, client certifies that the hours shown are correct and the work was completed.

**CLIENT**

**COMPANY:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

\*NOT INCLUDING LUNCH & ROUNDED TO THE NEAREST QUARTER HOUR  
\*\* If not applicable indicate "NO LUNCH"

**INSTRUCTIONS FOR COMPLETING A  
CONSULTANT WORK RECORD**

To insure that you are compensated correctly it is very IMPORTANT that your work Record is completed properly and submitted on time.

**HOW TO COMPLETE**

1. The Week Ended – The pay period ends on Sunday, please use that date.
2. Name – Please print YOUR name.
3. SSN – Your Social Security Number.
4. Date – Write in the corresponding dates you worked.
5. Hours Worked – Accurately record the hours you worked each day, including the time you left and returned from lunch. If you did not take lunch, do not leave this section blank. Instead, clearly write in “no lunch.”
6. Hours Worked – The actual number of hours YOU WORKED. DO NOT INCLUDE THE TIME SPENT AT LUNCH.
7. Total Days Worked – The number of days you worked during the week.
8. Signature and Date – Your signature and date you signed.
9. Instructions – Indicate what you want done with your check.
10. To Be Completed By the Client – Make sure this section is completed and signed by an authorized individual.

**HOW TO SUBMIT**

Response’s pay period runs from Monday through Sunday. Work records must be received by noon of the following Monday to receive a check the next week. We recommend that you fax your Work Record to Response by noon, and mail the original. Remember to always keep a copy of your records. Response’s fax number is (212) 208-0983 or (212) 532-0660.

**CLIENT INFORMATION**

Client or their representative hereby agrees that:

1. Response Staffing, (Response Accounting Temporaries, Response Financial Services Consulting, RPI), herein Called “Response”, incurs substantial recruiting, screening, administrative, and marketing expenses in connection with the employee named on this document, client agrees that if client hires any Response employee within one year of employees start date with Client, without any agreement with Response, Client will pay a conversion fee equal to 20% of annual salary of said employee. Additionally, Client agreed not to transfer temporary employee to the payroll of any other employment agency or payroll service during the assignment or at any time within 6 months of the project end date.
2. Client certifies that the time set forth as hours is correct and that the work was performed in a satisfactory manner. MINIMUM OF FOUR (4) HOURS UNLESS OTHERWISE AGREED TO BY BOTH CLIENT AND RESPONSE.
3. Client confirms the prior agreement between Response 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 Response in each instance: (i) entrust employee with unattended remises, 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. Response’s insurance does not cover loss or damage caused by employee operating client’s owned or leased motor vehicle(s). Therefore Client 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 b client of paragraph 4(i) or 4(ii) above.
6. Client agrees to promptly report, in writing, to Response any claim or incident which might result in a claim against Response. Under no circumstances will Response be responsible for any claim not reported in writing to Response by Client within 2 days.
7. Response is not responsible for damage or loss to property on client’s premises. Client agrees to provide insurance coverage for all such loss or damage.
8. In the event of client’s non-payment of Response’s invoices, Client agrees to be responsible for all cost of collection, including reasonable attorney’s fees
9. Client agrees not to discuss with any Response employee other than the services coordinator all matters concerning job assignment, cost, and compensation rate and/or expense.
10. Client will indemnify and hold Response, it’s subsidiaries, affiliates and agents harmless from all claims arising out of Client’s violation of employment laws, including without limitation, OSHA, and EEO an immigration laws.

**EMPLOYEE INFORMATION**

1. **Recording your time.** Report all time to the nearest ¼ hours. 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. Overtime is permitted with prior approval and/or at the request of Client. Approval must be obtained by Response from the client before overtime will be authorized.
3. **Lunch.** Your lunch period will be determined by the supervisor to whom you are assigned. If you work a full day, the law requires that you take a minimum ½ hour lunch.
4. **Absence.** CALL US AT ONCE. Response will contact the Client. A 4-hour minimum cancellation period is required.
5. **Signatures.** Your signature on this form verifies that the information provided is true and accurate. A supervisor’s signature is required for processing of this form. It is your responsibility to obtain your supervisors signature at the time services were provided.
6. **Future Assignments.** If you do not contact Response after each assignment, Response will assume that you are not available to work.