



BEACON MEDICAL STAFFING

Grand Rapids Branch Telephone 616-698-7979
Niles Branch Telephone 269-687-8888
St. Joseph Branch Telephone 269-983-1330

For the Week Ending Sunday

Month Day Year
 / /

Company Name where I was assigned (different time sheet for each company)

Address

City

State

Zip

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS NEAREST 1/4 HR
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					
Employee Signature					Regular Hrs
Print Name Clearly					Overtime Hrs

BEACON EMPLOYEE AGREEMENT

My signature certifies the hours shown here were worked by me during the week ending designated and were certified by an authorized representative of the Company where I was assigned.

I UNDERSTAND I AM TO CONTACT MY BEACON OFFICE AFTER COMPLETING THIS ASSIGNMENT. IF I DO NOT, BEACON MAY ASSUME I HAVE VOLUNTARILY QUIT.

MY SIGNATURE ALSO CERTIFIES NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED BELOW:

EMPLOYEE COMMENTS:

Customer Signature	Title
--------------------	-------

CUSTOMER AGREEMENT

It is understood the signer is an authorized representative of *the customer* and hereby certifies the hours are correct and the work was performed satisfactorily. *The customer* agrees the utilization of this Beacon employee within six months from the date on time sheet must be through Beacon. If *customer* desires to hire this person, it is agreed notification of this intent will be given to Beacon and the person will remain on Beacon's payroll for a period of 520 consecutive working hours from date of original hire.

Without prior written consent from Beacon, *the customer* agrees not to ask or allow our employee to perform any of the following:

1. Drive an automobile or other motor vehicle;
2. Operate unauthorized machinery/equipment;
3. Handle cash, securities, or other valuables.

If prior written consent is not obtained and a claim results from our employee engaging in any of the above activities, *the customer* agrees: (1) to waive all rights to make a claim against Beacon (2) to relieve Beacon from all liability and responsibility from any damage, loss, or expense which *the customer* incurs (3) to indemnify and hold harmless Beacon from and against all claims, damages, bodily injuries, losses and expenses.

Furthermore, *the customer* agrees not to expose our employee to unnecessary hazards or violate any OSHA or safety law, rule or regulation whether federal, state or local. *The customer* may be held liable as a result of their breach of this agreement.

TIME SHEET DUE AT YOUR BEACON BRANCH OFFICE BY 12:00 NOON ON MONDAYS
USE THE BELOW FAX NUMBER WHEN SENDING YOUR TIMESHEET TO BEACON

GRAND RAPIDS 616-698-0838