



Royal Personnel Services, Inc.
 8283 N. Hayden Road. Suite 135
 Scottsdale, Arizona 85258
 (480) 443-4290 fax
www.royalpersonnel.com

WEEKLY TIME SHEET

Employee Name: _____

Customer Assigned to: _____ Contact # at work _____

Services for week ending: _____

Date	Day	Start	Lunch Out	Lunch In	Finish	Total Hours
	Mon.					
	Tues.					
	Wed.					
	Thurs.					
	Fri.					
	Sat.					
	Sun.					

Total Hours worked this week, rounded to the nearest ¼ hour: _____

Employee Agreement: I certify that I have worked the hours listed on this timesheet. I understand that my paycheck may be delayed if this timesheet is incomplete, in error, or turned in late. By signing this timesheet, I declare that I have reported all injuries and illnesses that have occurred at this job to my supervisor and that I have a clear understanding of the Temporary Procedures of Royal Personnel Services, Inc. I will call Royal Personnel Services, Inc. after this assignment has ended when I am available for additional work.

(Messages may be left 24 hours a day at 480-443-4212)

Employee Signature: _____

Client Agreement: RPS has the sole right to establish wages and fringe benefits, if any, of its employees and is responsible for payment of compensations, the withholding of required payroll taxes and worker's compensation insurance coverage as required by law. CLIENT recognizes RPS has employer/employee relationship with the personnel assigned to the CLIENT, agrees to discuss all matters concerning their employment and to get advanced approval from RPS for any job assignment, conditions, etc.

CLIENT agrees not to directly or indirectly hire or use the services of the employee except with the written permission of RPS for one year from end of temporary assignment and shall remain an employee of RPS. If CLIENT should choose to hire said employee or refer to another company or an affiliate, CLIENT acknowledges a fee will be due to RPS. **The fee is based on 1% per thousand of annual wage offered.**

Your signature on this time sheet authorizes RPS to pay our employee and bill your company for the number of hours noted. Invoice terms are due upon receipt. Delinquent accounts are subject to 1.5% monthly interest and all costs to collect the account including, but not limited to, attorney fees.

Authorized Agent: _____ **Title:** _____

Company Name: _____ **Date:** _____