

Authorized on behalf of the customer, I - the undersigned hereby acknowledges that JJY (J.J. Young) incurs administrative / recruitment / marketing / screening costs associated with the temporary employee named on the reverse side, and if customer should hire the aforementioned employee within 30 days after this date without agreement from JJY, customer agrees to pay JJY's conversion charge; 2 - customer certifies that hours on reverse side are correct and the work was performed in a satisfactory manner; 3 - customer confirms prior agreement with JJY in respect to the services performed hereunder and any future services. Customer shall **not**: entrust JJY employees with unattended premises, cash, negotiables, or other valuables or authorize such employees to operate motor vehicles or machinery without prior permission from JJY in each instance; assign a JJY employee to perform work not specified at the time of job order without proper authorization from JJY. JJY's insurance does not cover loss or damage caused by JJY employees' operating customer's owned or leased motor vehicle(s), and customer therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a JJY employee driving such vehicle(s), or arising out of or involving violation by customer of agreement listed above. JJY is not responsible for claims made under its fidelity bond unless such claims are reported to it in writing by customer within 30 days after occurrence. Customer shall indemnify and save JJY harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by customer and to which JJY employees are assigned. Customer recognizes JJY employer-employee relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignment, pay procedures, etc., with JJY.

J. Companies of  
**J. J. YOUNG**

CUSTOMER NAME	Has assignment been completed? Y N
ADDRESS	
REPORT TO	TIME

I certify that the hours shown were worked by me during the week indicated. I understand that I am to contact Companies of J.J. Young after completing an assignment, and unemployment benefits may be denied if I do not do so. I hereby assign all of my rights of these wages to be paid to Companies of J.J. Young. I certify no accident or injury was sustained while working on the assignment unless written notice attached.

If you have moved, please print new address below so we can update our records.

EMPLOYEE NAME (PLEASE PRINT)	
SOCIAL SECURITY NUMBER	CHECK ROUTING Alb <input type="checkbox"/> Sar <input type="checkbox"/> Troy <input type="checkbox"/> Ben <input type="checkbox"/> Mail <input type="checkbox"/>
EMPLOYEE SIGNATURE	

DAY	MONTH/DATE	TIME IN	TIME OUT	LESS: LUNCH PERIOD	TOTAL HOURS
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
WEEK ENDING (SUNDAY)					TOTAL HOURS FOR WEEK

**FOUR HOUR MINIMUM BILLING PER EMPLOYEE, PER DAY**

<b>CUSTOMER APPROVAL</b>
Cross out any days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions on reverse.
X _____

Albany, NY	(518) 452-7090	(518) 452-7095 FAX
Troy, NY	(518) 270-1700	(518) 270-8136 FAX
Saratoga Springs, NY	(518) 580-9025	(518) 580-9121 FAX
Glens Falls, NY	(518) 798-3024	(518) 798-2877 FAX
Bennington, VT	(802) 442-2277	(802) 442-3143 FAX

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