

WORKFORCE SOLUTIONS GOLDEN CRESCENT- NDW

Employer of Record:

UNIQUE STAFFING

COMPANY NAME: Workforce Solutions Golden Crescent- NDW	
ADDRESS: 120 S. Main Place Suite 110 Victoria, Texas Tel #: (361) 578-0341 Fax #: (361) 575-4636	
FAX TIME SHEETS TO 361-575-4636	
ASSIGNMENT ADDRESS	
REPORT TO	TIME
DESCRIPTION OF WORK TO PERFORMED	
CUSTOMER COMPLETES THIS SECTION	
By signing this timeslip, the Customer by its authorized representative acknowledges or agrees as follows: 1) the hours on the timeslip are correct and the work was performed satisfactorily; 2) to comply with all local, state and federal equal opportunity and anti-discrimination laws, right-to-know laws, OSHA and other workplace or employee-related laws; and 5) to notify Goodwin and Goodwin's employees of exposure to hazardous situations (both actual and potential) and chemicals, to provide proper safety and health training (including required hazard communication training), and to provide safe working conditions and all required safety and other equipment.	
Explanation of hours scheduled but not worked:	

EMPLOYEE NAME (Print)										DEPT. #	
WEEK ENDING SATURDAY				CUSTOMER NUMBER				SOCIAL SECURITY NUMBER			

	AM		PM		REGULAR HOURS
	IN	OUT	IN	OUT	
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Assignment Finished ☐ Replacement Needed ☐ Returning ☐

I HEREBY CERTIFY THAT I HAVE WORKED ALL HOURS SHOWN ON THIS TIMESLIP. I HAVE REPORTED ANY WORKPLACE INJURY REQUIRING MORE THAN FIRST AID TREATMENT AND COMPILED WITH ALL OTHER WORKPLACE SAFETY PROCEDURES.

TOTAL HRS

APPROVED BY

Worksite Supervisor Signature

Print Worksite Supervisor Name

EMPLOYEE SIGNATURE

PARTICIPANT'S PERFORMANCE EVALUATION

Participant Name: _____ Date: _____

Worksite Representative: _____

Please Check The Appropriate Rating, Must Be Completed At The End Of Each Week

	EXCELLENT	GOOD	FAIR	NEEDS WORK
PUNCTUALITY				
ATTENDANCE				
APPEARANCE				
PROBLEM SOLVING				
INTERACTING WITH OTHERS				
COMPLETING TASKS				
QUALITY OF WORK				
ACTING PROFESSIONALLY				
ACTING RESPONSIBLY				

Do you need a Workforce Center Staff to visit your site? YES ☐ NO ☐

COMMENTS: _____

Worksite Supervisor Signature

Date

This time slip constitutes an agreement between you, the Customer, and Unique Staffing. By signing the time slip you agree to each of the terms and conditions stated herein.

Unique Staffing accepts this time slip based on the understanding that the person signing it is your duly authorized representative.

You agree to defend, indemnify, and hold Unique Staffing, its subsidiaries, affiliates, agents and employees, harmless from any and all claims or demands related to arising from (1) the completed operations, final product or any other work performed by Unique Staffing's employees while on assignment with you; (2) the operation of any motor vehicle or motorized equipment, whether owned non-owned or hired by you, by Unique Staffing employees while on assignment with you, except for injuries to Unique Staffing employees that recovered by worker's compensation insurance; (3) injuries to your employees in the course of their employment; (4) any property damage or personal injury losses suffered by you or third parties related to the work performed by Unique Staffing's employees while on assignment with you; (5) the handling of cash, negotiable or other valuables by Unique Staffing employees while on assignment with you; or (6) your willful misconduct or intentional acts or omissions and your violation of any federal, state, or local law. You agree to notify Unique Staffing of all claims for losses that may involve Unique Staffing employees within 10 days of the date of such loss.

You agree to provide a suitable and safe workplace for Unique Staffing's employees. You agree to provide all necessary safety training and personal equipment related to your operations. You agree to inform Unique Staffing's employees of any hazard related to your work site(s) and to inform them of any hazardous materials to which they may be exposed. You agree not to permit any of Unique Staffing's employees to work at heights over 12 feet or on unsecured ladders over 6 feet. You agree to comply with the federal Occupational Safety and Health Act, any comparable state or local laws and all other requirements to the extent those laws apply to Unique Staffing's employees on assignment with you.

Part of the consideration you pay for Unique Staffing's services shall be applied to workers' compensation insurance, which we will provide for each employee assigned to you. Unique Staffing agrees to indemnify and hold you harmless against work-related injuries, including death, to our employees arising from or related to such employee's work assignment with you provided that such work was approved by Unique Staffing at the time that the order for the employee was placed. You agree to report any workplace injury or accident involving any Unique Staffing employee to Unique Staffing as soon as possible but no later than four (4) hours after such incident.

You agree to comply with all federal, state and local equal employment opportunity, anti-discrimination and labor laws and to provide Unique Staffing's employees a workplace free from any unlawful discrimination, including sexual harassment. You agree to cooperate with Unique Staffing in the investigation and resolution of any complaint of discrimination made by Unique Staffing employee related to such employee's assignment with you.

You agree to cooperate with Unique Staffing to comply with the Americans with Disabilities Act and Family and Medical Leave Act with respect to Unique Staffing's employees.

You acknowledge that Unique Staffing has made a considerable investment to recruit and retain our employees. You agree not to directly or indirectly hire, engage as an independent contractor, or permit or cause any of Unique Staffing's employees assigned to you to be placed on the payroll of any other entity without our written consent