



**Headquarters**  
 3350 SW 148<sup>th</sup> Ave, Suite #220  
 Miramar, FL 33027  
 Phone 954-734-2744  
 Fax 954-734-2828

**Miami Office**  
 1111 Park Centre Blvd, Suite 105D  
 Miami Gardens, , FL 33169  
 Phone 305-620-3633  
 Fax 305-620-3634

**www.alpha1staffing.com**

|  |             |                     |                  |                            |                      |                     |
|--|-------------|---------------------|------------------|----------------------------|----------------------|---------------------|
| <b>Employee Name:</b>  |             |                     |                  | <b>Employee Signature:</b> |                      |                     |
| <b>BY SIGNING THE EMPLOYEE CONFIRMS THAT NO WORKERS COMPENSATION INJURY HAS BEEN REPORTED</b>  |             |                     |                  |                            |                      |                     |
| <b>NOTICE TO EMPLOYEE:</b> Please fill this time sheet completely, round the weekly total to the nearest quarter hour. Ask your supervisor to a) <b>verify your hours</b> b) <b>sign the completed form</b> and c) <b>retain one copy</b> . We must receive a copy of this form by the payroll deadline in order to process your hours and prepare your deposit. <b><u>Please email your timesheet to SROSS@ALPHA1STAFFING.COM and or LISA@ALPHA1STAFFING.COM.</u></b> |             |                     |                  |                            |                      |                     |
| <b>Week Ending Sunday: ___ / ___ / 20__</b>  |             |                     |                  |                            |                      |                     |
|  | <b>Date</b> | <b>Time started</b> | <b>Lunch Out</b> | <b>Lunch In</b>            | <b>Time Finished</b> | <b>Hours Worked</b> |
| <b>Monday</b>  |             |                     |                  |                            |                      |                     |
| <b>Tuesday</b>   |             |                     |                  |                            |                      |                     |
| <b>Wednesday</b>   |             |                     |                  |                            |                      |                     |
| <b>Thursday</b>  |             |                     |                  |                            |                      |                     |
| <b>Friday</b>  |             |                     |                  |                            |                      |                     |
| <b>Saturday</b>  |             |                     |                  |                            |                      |                     |
| <b>Sunday</b>  |             |                     |                  |                            |                      |                     |
| <b>Straight time:</b>  |             |                     | <b>Overtime:</b> |                            | <b>Total:</b>        |                     |
| <b>I certify that the above hours are correct:</b>   |             |                     |                  | <b>Title:</b>              |                      |                     |
| <b>Authorized signature:</b>   |             |                     |                  | <b>Phone:</b>              |                      |                     |

**\*The undersigned company, as agent for the Client Company, agrees; acknowledges and certifies. The above employee is an employee of Alpha1 Staffing/ Search Firm. Client Agreement:** It is understood the person signing this timesheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily. Client agrees that no insurance is afforded by Alpha1 Staffing/ Search Firm for physical loss or damage to client's machinery, equipment, material, and or any motorized vehicle (whether licensed for road use or not) in the care custody or control of Alpha1 Staffing/ Search Firm, its agents or employees and that Alpha1 Staffing shall not be liable for physical loss or damage to said property caused by Alpha1 Staffing/ Search Firm with the care custody or control of cash, negotiable instruments, valuables, or similar property without the written consent of an Alpha1 Staffing/ Search of an Alpha1 Staffing Firm representative. In the event such consent shall be obtained, it is nevertheless understood and agreed that claims made under Alpha1 Staffing/ Search Firm's Commercial Bond Blanket must reported in writing within ten (10) days after the discovery the occurrence. Client agrees that utilization of the employee named above on this time sheet on either a temporary or permanent basis within six months from the date on the time sheet will be through Alpha1 Staffing/ Search Firm. If the client desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to Alpha1 Staffing/ Search Firm, and that the person will remain on Alpha1 Staffing/ Search Firm's payroll for a period of thirteen weeks from the date of notification.