

# Client Agreement

Client understands and accepts responsibility for the supervision of Remedy employees' work on its premises. Client agrees to train Remedy employees in safety procedures as necessary for performance of the assignment, including disclosure of exposures to hazardous substances. Client will ensure the use of necessary safety equipment by Remedy employees. Client hereby agrees to defend, indemnify and save Remedy harmless from any and all fines, penalties and assessments including attorneys' fees incurred by Remedy as a result of any violations or alleged violations of any Federal, State or local law, regulation or ordinance relating to health and safety with respect to any premises owned or in the care, custody or control of Client and to which Remedy employees are assigned.

Client agrees that no insurance is afforded by Remedy for physical loss or damage to Client's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody or control of Remedy, its agents or employees and that Remedy shall not be liable for physical loss or damage to said property caused by Remedy, its agents or employees. Client accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of a Remedy employee operating any such machinery or equipment or driving such vehicles.


Client will not entrust Remedy employees with the care, custody or control of its premises, cash negotiables, valuables or other similar property, nor will it authorize Remedy employees to operate machinery, equipment or motor vehicles without prior written permission from Remedy on each occasion. It is understood and agreed that claims made under the Commercial Blanket Bond must be reported in writing to Remedy within thirty (30) days of the occurrence of an incident or Remedy shall not be responsible for such claims. Client agrees to prosecute, and only in the event of conviction, will the bond respond with payment of loss. In the event of any theft, error and omission resulting in negligence, Client agrees to prosecute and file all necessary actions.

Client understands that Remedy has incurred substantial expense for the advertisement, screening, testing and training of its personnel. Therefore, in consideration of this service, Client agrees that during any temporary assignment or within one hundred eighty (180) calendar days after the assignment ends, if any Remedy employee is hired as an employee or independent contractor by either a Remedy competitor, Client, or Client's associates, affiliates or subsidiaries, or if Client endeavors in any way to assist and/or influence a Remedy employee to work for Client or a Remedy competitor, Client hereby agrees to pay Remedy: (1) an amount equal to the Remedy placement fee of 1% per thousand dollars of the employee's estimated annual salary up to a maximum of 30% of the annual salary, or (2) a minimum fee of \$1,000, whichever is greater.

Client agrees that invoices are due and payable upon receipt. Payments made after 30 days from invoice's date will include a late charge equal to 7% of the original invoice amount. Client agrees to bear the cost of collection and/or any legal recourse taken by Remedy to enforce this Agreement.

YOUR NAME						
SOCIAL SECURITY NUMBER						
ASSIGNMENT COMPLETE	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEK ENDING SUNDAY	MO	DAY	YEAR	
DAILY TIME RECORD						
	DATE	START	FINISH	LESS LUNCH	TOTAL HOURS	
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
					TOTAL	
ASSOCIATE SIGNATURE						

I attest the above hours and dates are correct and that I did not suffer any work related injuries. I understand that any falsification of this Time Record constitutes grounds for termination. I hereby certify that I have been provided with all rest and meal periods to which I am entitled.

CUSTOMER ORDER NUMBER	
COMPANY NAME	
DIVISION OR DEPARTMENT	
CITY/STATE	
CUSTOMER VERIFICATION	
TOTAL HOURS WORKED	PLEASE WRITE IN WORDS
The undersigned is authorized on behalf of the above and certifies that the Remedy Associate named on this Time Record worked the hours indicated with services performed satisfactorily. I understand that if our company wishes to hire this person we will respect Remedy's employer-employee relationship. I have read the terms on the reverse and by signature agree to all terms and conditions as stated.	
CUSTOMER SIGNATURE & TITLE	
 <i>intelligent staffing</i>	

Payroll Copy 1 Give to Remedy

Customer Copy 3 Give to Customer

**Please fax back to Remedy Intelligent Staffing at (808) 733-8555**

*If you have any questions, please call us at (808) 733-8550*