



Paychecks are mailed 4:30pm Friday unless you instruct us otherwise or have direct deposit. Employees are responsible for filling out timesheets and presenting them to clients for signature. Signed timesheets must be received by mail or FAX in our office by Tuesday noon.

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 WASHINGTON, DC 20007-4104
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 Timecard Fax (202) 965-6172
payroll@maslowmedia.com

For Week Ending Sunday		
Month	Day	Year

PRINT ALL INFORMATION CLEARLY

CLIENT INFORMATION:

EMPLOYEE INFORMATION:

Company Name : _____ Employee Name: _____ (print)

Producer / Supervisor Name: (print) _____ Social Security (Last Four Digits Only): _____

Phone Number: _____ Phone Number: _____

E-mail Address: _____ Cell Phone: _____

Show Title / Project Name: _____ E-mail Address: _____

If you are being paid by the hour, fill this out

Day / Date	Position Title	Cost Center	Time In	Lunch (unpaid)	Time Out	Total Regular Hours	Total OT Hours	OT Hours must have supervisor's initials below	
length of workday (Circle One) 8 10						Total Reg	Total OT	Initials for OT	

If you are being paid a day rate or are a salaried employee, fill this out

Day / Date	Position Title	Cost Center	Total Days (0 or 1)	OT Hours In	OT Hours Out	OT Hours (if allowable)
Indicate sick (S), vacation (V), or holiday (H) in total days column			Total Days Worked	Initials		Total OT Hours
length of workday (Circle One) 8 10				OT Hrs must have supervisor's initials		

EMPLOYEE TERMS AND CONDITIONS

AUTHORIZED OVERTIME: My overtime was authorized in advance by the Client and the initials of my supervisor are next to each day with overtime.
VERIFIED TIME WORKED: The hours or days shown are reported and confirmed correct.

Employee Signature: _____ Date: _____

CLIENT TERMS AND CONDITIONS

- The Maslow Media Group's (MMG) responsibilities are to assign its qualified employees (Assigned Employees) to work under CLIENT's supervision; to pay their wages and provide the benefits that MMG offers to them (including unemployment insurance and workers' compensation); to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and other legislatively mandated charges related to them. CLIENT's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions; and to exclude Assigned Employees
- CLIENT's signature on this time sheet certifies that the reported hours are correct. CLIENT will pay MMG for the hours at the documented rates upon receipt of MMG's invoices. If an Assigned Employee works time defined by law as overtime or premium time, CLIENT will pay the same multiple of the regular bill rate as MMG is required to apply to the pay rate for such time.
- CLIENT will not ask or permit Assigned Employees to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the prior written permission of MMG.
- Neither CLIENT nor MMG will be liable to pay or indemnify the other for any incidental, consequential, exemplary, special, punitive, or lost profit damages or expenses arising from their staffing relationship.
- [THIS SECTION IS NOT APPLICABLE TO PAYMASTER ONLY EMPLOYEES]** If CLIENT uses the services of any Assigned Employee as its direct employee, as an independent contractor, or through any person or firm other than MMG after any assignment of the Assigned Employee to CLIENT from MMG, CLIENT must notify MMG and (a) continue the Assigned Employee's assignment from MMG on MMG'S payroll, or (b) pay MMG a fee in the amount of 25% of the Assigned Employee's prorated Annual Salary, based on current pay rate from MMG.

TERMS: Invoices are payable upon receipt. Finance charges of 1 ½% per month accrue on the unpaid balance after 30 days. The Client agrees to bear all expenses and legal costs that are reasonable and necessary to collect debt or enforce the terms of the agreement and waives the right to a jury. Legal costs will include a charge for attorney's fee or 15% of actual attorney's fees, whichever is greater.

Supervisor Signature: _____ Date: _____