



1415 Route 70 East Suite LL-1 Cherry Hill, NJ 08034 **Phone:** 877-428-2806 **Fax:** 856-428-2857

Week Ending:     /     /

Driver Name: \_\_\_\_\_ Last 4 digits of SSN #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

**DUE BY MONDAY 12 NOON**

**CUSTOMER AUTHORIZATION:** Cross out any days not worked by employee. Approval includes verifications of hours worked & acceptance of terms and conditions on back. Terms: PAYABLE UPON RECEIPT.

Day	Date	Tractor/ Trailer	Beginning Mileage	Ending Mileage	Total Miles	Start Time	Finish Time	Total Hrs Worked	Overtime	Customer Approval
Sunday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Monday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Tuesday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Wednesday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Thursday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Friday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Saturday						<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the customer.

Destination	Arrive	Depart	Driver Comments

**Notes**

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**Standard Hourly Information**

Total Hours Worked	Regular	Overtime	Trip Pay	Milage Pay	Hourly Pay	Comments:
<b>Other Information</b>						



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#### **EMPLOYEE INFORMATION**

- Never call the client. When you're going to be late, or if you cannot work the assigned hours, please call us. Knowing this information, we will be able to fulfill our obligation to the client as soon as possible.
- Promptly notify us of any change in address, so that we may be able to process your checks as efficiently as possible.
- Willful misrepresentation or alteration of the time sheet is fraud and will be prosecuted.

#### **TIME SHEETS**

- Use separate time sheet for each assignment and for each week worked
- Leave the yellow copy with client.
- The white copy must be in our office no later than Monday 12 noon for previous week's work.
- Keep the pink copy for your file.
- All time sheets must be signed by both you and your supervisor.
- Any unsigned time sheets must be returned to the employee for completion.

#### **HELPFUL HINTS . . .**

- You can choose whether to have your paycheck held in our office, or mailed to your home by checking the appropriate box on the front.
- Your check will automatically be mailed unless marked "Hold".
- Hold checks will be mailed if not picked up by the following Friday
- We strongly recommend having your pay directly deposited into your bank account.
- Record all work to the nearest 1/4 hour.
- All O/T hours must be approved by DTS and your supervisor.

#### **CUSTOMER NOTES:**

We (the customer) understand that the temporary help supplied by DTS is the result of substantial expense on the part of DTS in terms of time and money spent for advertising, screening, testing, and training of its personnel. Therefore, in consideration of this service, we agree that if any employee named here is employed by us, our associates or affiliates during a temporary assignment or within 6 months after the temporary assignment we will pay to DTS a permanent placement fee of 1% per thousand dollars of annual salary up to a maximum of 30% annual salary.

We (the customer) shall not entrust DTS employees with cash, negotiables or other valuables, or authorize such employees to operate machinery or motor vehicles without prior written permission from DTS in each instance. Without such prior permission, we accept full responsibility for any loss or liability caused or incurred by a DTS employee including the defense thereof involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability sustained or incurred as a result of DTS employee driving such vehicle(s) or arising out of or involving violation by customer of agreement above.

It is further understood that DTS will not be responsible for any claims arising out of or under its fidelity bond unless such claims are reported in writing to DTS within 10 working days of the discovery of alleged wrongful act.

DTS employee is compensated on a weekly basis. Therefore, we (the customer) will be billed weekly. Payment will be due upon receipt of the invoice. We will be billed for the hours shown on the front side of the time sheet at the agreed upon rate. Overtime hours will be shown on the front side of the time sheet at the agreed upon rate. Overtime hours will be billed at one-and-one-half the straight time billing rate. In the event that we fail to pay the charges to DTS (whether for temporary services or a settlement fee) when due, we (the customer) shall pay all collection and or litigation costs plus reasonable attorney's fees incurred by DTS as a result of any alleged violations of any Federal, State, or local law, regulation or ordinance.