



P.O. Box 958
 Park Ridge, IL 60068-0958
 Ph 847-692-0611 Fax 847-692-4751

Time Record

Week Ends Saturday @ Midnight	/	/
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Client Information	
Company Name: (Print)	Report To:

BECO Temporary Employee
Employee's Name: (Print)
Email Address and Telephone:
I certify that the hours shown on this time record are correct:
Employee Signature:

By Client and Temporary Employee ("Employee") signing this Time Record, their full acceptance is given to the following terms and conditions:

Lab Temps ("LT") is only a provider of Temporary Services and Temporary Personnel. Client and Employee agree that LT is not a scientific or technical expert and cannot render expert opinions on Client work assignments, lab procedures, projects or problems, or render any services directly to client other than provide a Temporary Employee. Client and Employee agree that the Employee cannot place, sign or use the name of LT, or Client, or the Employee's individual name on any proposals, prescriptions, records, directions, diagnoses, analyses, laboratory procedures, formulas, drawings or programs.

Client and Employee agree that Employee is not authorized to operate any automobile, equipment, or machinery (other than office machines).

Client agrees not to give Employee, and Employee agrees not to remove, any equipment from the Client's premises.

Client and Employee agree that Client shall be solely responsible for the daily direction and primary, final and complete supervision of Employee as well as work product and work output. All work product and output, including title to patents, inventions and discoveries shall be the property of the Client and not Employee or LT.

Client and Employee agree that LT has expended substantial costs and considerable time and effort in locating, interviewing, hiring and subsequently introducing Employee to Client.

Hours Worked By Temporary Employee					
Date	Day	Time Started	Time Finished	Less Lunch Time	Total Hours
	Sun				
	Mon				
	Tue				
	Wed				
	Thur				
	Fri				
	Sat				
Total Hours					

Client Approval
I am authorized on behalf of the Client to sign this time record and agree to the terms below as well as to the terms contained in the MTSA.
Client Signature:

To Our Lab Temps Employee

Thank you for working for Lab Temps.

If an original copy of your time card is not received payment cannot be made to you.

Employee agrees not to solicit work from, or work directly or indirectly with, assigned Client during the assignment and for a period of two (2) years after termination of assignment without written consent of LT.

To Our Valued Client

Thank you for giving Lab Temps the opportunity to provide you with Temporary Scientific Personnel.

Your signature above confirms that the hours worked by the Employee are accurate.

Client understands that the Employee assigned to it is under contract to Lab Temps to work for Client only through LT. Employee may not work directly or indirectly for Client during the assignment and for a period of two (2) years following termination of the assignment, without the Client making payment of a Conversion Fee and receiving the written permission of LT. Client, or any of its affiliates or subsidiaries, agrees not to solicit, hire, directly or indirectly, any Employee assigned to Client. Upon violation of this term, Client agrees to pay LT 25% of one year's billing at LT hourly billing rate.