

NAME

CLIENT COMPANY

POSITION/TITLE

"Client signature acknowledges the work performed was satisfactory and the total hours are approved for payment. All invoices are due within 30 days of receipt, or subject to a \$50 late fee. Client is aware all hours in excess of 40 will be billed at time and a half.

Furthermore, client agrees not to directly hire employee (as salaried or independent contractor) during the temporary assignment or within 6 months thereafter without paying a cost recovery fee to The Dubin Group of not less than \$2500, unless agreed to in writing for a reduced amount. Clients are responsible for all costs of collection including reasonable attorney fees."

Supervisor Name (Print)

Authorized Signature of Supervisor

Employee Signature

Date



THE

**DUBINGROUP**

MATCHING QUALITY PEOPLE WITH PROFESSIONAL POSITIONS

100 Four Falls Corporate Center, Suite 103  
West Conshohocken, PA 19428  
(610) 667-5100 FAX: (610) 667-5131

**Kindly fax by 12 Noon Monday**

	DATE	IN	AM	OUT	IN	PM	OUT	TOTAL HOURS
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								
<b>Total Hours For Week</b>								

**OVERTIME**

Total Hours Over 40 \_\_\_\_\_

Overtime Approved by Supervisor \_\_\_\_\_

SIGNATURE \_\_\_\_\_