

1000 Fourth Street, Suite 150
San Rafael, CA 94901
Phone 415.459.2300 Fax 415.459.2471

Originating Office
SAN RAFAEL

IMPORTANT TO EMPLOYEES:
1. INDICATE ORIGINATING OFFICE
2. OBTAIN CLIENT'S SIGNATURE
3. LEAVE GOLDENROD COPY WITH CLIENT

4. YOU KEEP PINK COPY
5. MAIL PARTS 1 & 2 NO LATER THAN FRIDAY
6. RECORD YOUR TIME TO THE NEAREST 1/4 HOUR

CONTRACT SERVICE EMPLOYEE (CSE): _____ PERSON REPORTED TO (PRINT): _____ CLIENT: _____

Table with columns for days of the week (MON-SUN), REG. HRS., O.T. HRS., and WEEK ENDING. Includes two identical rows for data entry.

I certify that the hours recorded on this Time Sheet accurately represent the total hours of service that I rendered to the above-named Client during the period(s) indicated. I further agree that this Time Sheet is supplemental to the Master Agreement (and applicable Project Agreements) including but not limited to the hourly rate specified therein.

On behalf of the Client, I accept the services provided by the above named CSE, during the hours recorded on this Time Sheet, and agree to pay Kreuzberger Rand for these hours, including any overtime, if applicable. My signature further confirms agreement to all of the terms and conditions of the Engagement Letter between Kreuzberger Rand and Client, including the hourly rate, all of which is incorporated by this reference.

X
CSE's Authorized Signature _____ Date _____

X
Client's Authorized Signature _____ Date _____

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