

ENSCICON

ENGINEERING & CONSTRUCTION

Denver: 303.980.8600 • FAX 303.223.4317

555 Zang Street Suite 100

Lakewood, Colorado 80228

Employee Name _____ ; Employee ID _____ ; Rate Description _____

Week Ending Date: _____

	M			T			W			T			F			S			S				
	ST	OT	HO	ST	OT	HO	ST	OT	HO	ST	OT	HO	ST	OT	HO	ST	OT	HO	ST	OT	HO		
Totals																							

Total Straight: _____ Total Overtime: _____ Total Holiday: _____

Employee Signature: _____

TERMS OF SERVICES:

Client understands this person is an employee of ENSCICON Corporation, but shall be subject to client's supervision during his / her assignment. Client agrees that its company, any of its divisions or affiliates, will not offer employment to this person as an employee, consultant or independent contractor for at least two years after the last day of the employee's assignment to the client. If client company, any of its divisions or affiliates, employs this person within said two-year period, client company, or the hiring division, agrees to immediately pay ENSCICON liquidated damages based upon the compensation of the employed individual. These terms can be superseded by specific client contract.

Supervisor: Save a copy to match with ENSCICON billing invoice. The invoice is rendered weekly based upon the hours worked as shown on this time card.

Payment Terms: Due upon receipt of invoice.

ASSOCIATES: ENSCICON requires Associates' hours no later than noon on Monday. Late time cards will not be processed until the following week.

We certify that the hours on this time card are accurate and the work is performed to our satisfaction.

Supervisor's Signature: _____