

EPC
Employment Professionals Canada

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ALL TIME SLIPS MUST BE IN
NO LATER THAN NOON EVERY MONDAY
"WHERE TALENT meets OPPORTUNITY"

TERMS AND CONDITIONS
BETWEEN
EMPLOYMENT PROFESSIONALS CANADA
AND
CUSTOMER

- The employee identified on the face hereof is the employee of Employment Professionals Canada and matters relating to their employment shall be directed to Employment Professionals Canada.
- The Customer shall not allow such employee with unattended premises, cash or any other valuables.
- The Customer shall not allow or permit such employee to operate motor vehicles or machinery without prior written permission of Employment Professionals Canada and should the Customer breach these conditions it shall be liable to the employee whether he/she is negligent or not and the Customer shall indemnify and save harmless Employment Professionals Canada from any and all damages including legal fees and costs arising out of the employees use of the said machinery of motor vehicle.
- The Customer shall indemnify and save harmless Employment Professionals Canada from any and all claims, fines, penalties, assessments, legal fees and costs incurred by Employment Professionals Canada or its employees that may result from any alleged violation of any Federal, Provincial, Municipal regulation or ordinance relating to health and safety with respects to premises and equipment and working conditions owned or controlled by the customer.
- Unless, the Customer reports a claim writing within 30 days of its occurrence to Employment Professionals Canada, Employment Professionals Canada shall not be liable for any claims, damages, or costs in relation thereto.

| | |
|---------------|------|
| CUSTOMER NAME | |
| ADDRESS | |
| REPORT TO | TIME |

As the employee of Employment Professionals Canada, I, the undersigned hereby certify that I have worked the dates and times and hours for the customer as are hereinafter set forth. I further acknowledge that I have to have my time certified to by an authorized representative of the customer.

| |
|------------------------------|
| EMPLOYEE NAME (please print) |
| EMPLOYEE SIGNATURE |

| DAY | MONTH/DATE | TIME IN | TIME OUT | LESS LUNCH PERIOD | TOTAL HOURS |
|------------------------------------|------------|---------------------------|----------|-----------------------------|-------------|
| SUN | | | | | |
| MON | | | | | |
| TUE | | | | | |
| WED | | | | | |
| THU | | | | | |
| FRI | | | | | |
| SAT | | | | | |
| WEEK ENDING DATE (SATURDAY) | | OFFICE I.D. NUMBER | | TOTAL HOURS FOR WEEK | |

| CUSTOMER APPROVAL | |
|---|--------------------------|
| On behalf of and with the approval of the customer, the undersigned hereby certifies that the above named employee has satisfactorily worked the dates, time and hours set forth above that conforms the further terms and conditions set forth on the reverse side hereof. | |
| X _____ | Authorized Customer Rep. |