Lawrence Berkeley Laboratory

Contract Labor Services

DISCLAIMER

LAWRENCE BERKELEY LABORATORY

CONTRACT LABOR SERVICES

Personnel Department
August 1, 1979
REVISED

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I. INTRODUCTION

The purpose of this document is to present information on contract labor services available to the Laboratory, and to detail procedures associated with administration of this activity.

Enclosure (A) is a list of LBL classifications which may be considered for contract labor. The review process established by the Laboratory to assist divisions in determining whether vacancies should be filled through contract labor agreements is as follows:

A. Divisions. The Division Head's decision to fill a position should result from a critical re-examination of existing or anticipated vacancies. This review should determine if the need can be satisfied through re-organization and the upgrading or training of existing employees. This process includes an ongoing evaluation of Laboratory employees within the division whose employment may be affected by a lack of work or funds or, in cases of disability, those employees who may be eligible through job re-design, to continue or return to gainful employment. If these review measures still result in a vacancy, then consideration should be given to filling the position utilizing contract labor services.

B. Personnel Department. The Personnel Director is responsible for evaluating job requisitions with requesting divisions to determine if these vacancies will be filled on the Laboratory's payroll or through contract labor organizations.

C. Associate Director for Employee and Information Services Division. The Associate Director is responsible for resolving differences if agreement is not reached between the Personnel Department and a Division.

II. CONTRACT LABOR AGENCIES USED BY THE LABORATORY

A. Scope of Services

There are two ways in which contract labor agencies provide personnel services to the Laboratory:

1. Agency Referrals. This method is especially useful in cases where personnel are needed quickly for short-term assignments. Contract Labor Agencies recruit and refer individuals based on job orders

which are placed with them. The agencies generally have a pool of pre-selected individuals who can report for work on short notice. Conditions set by the Laboratory include the right to conclude work assignments and terminate services of individuals with no minimum notice. Common courtesy dictates however, that advance notice of at least one day be given so that these individuals can make alternate arrangements.

For classifications other than clerical, the Laboratory has the right to determine starting salaries above federally determined minimum rates and provide pay increases. See Enclosure (B) for agency referred classifications and hourly rates.

Contract labor agency overhead charges for agency referred people range from 25% to 30% over the individual's direct pay and health and welfare benefit rates.

2. Payrolling Services. This method refers to a special arrangement which the Laboratory has negotiated. Jobs we do not wish to fill through agency referrals, may be filled through our usual recruitment and selection procedures. Individuals can be offered work as employees of the contract agency at a Laboratory determined salary and classification. LBL can provide pay raises and reserves the right to conclude work assignments and terminate services with at least 24 hour notice.

Contract labor agency overhead charges for "payrolled" individuals are approximately 18% over the employee's direct pay and health and welfare benefit rates.

B. Status of Contract Labor Personnel

Individuals accepting LBL work assignments through contract labor agreements are employees of the contract labor agency with participating guest status at the Laboratory. The benefits available to contract labor personnel are based on the policies of the employing agencies. These policies include federally mandated requirements and negotiated arrangements with the Laboratory on benefits and other conditions of employment.

Contract labor agencies are responsible for providing benefits to their employees and for issuing paychecks based on the submission of certified timecards by their employees.

C. Summary of Benefits Available to Contract Labor Personnel

BENEFITS	NEW THOMAS TEMPORARIES PAYROLLING CONTRACT	OTHER AGENCY CONTRACTS
o Worker's Compensation	YES	YES
o State Disability Insurance	YES	YES
o Unemployment Insurance	YES	YES
o Social Security	YES	YES
o $.21/Straight-Time Hour or Equivalent for Health and Welfare	YES	YES
o LBL Sponsored Kaiser Health Plan at Full Cost to Participant	YES	YES
o Paid Holidays - Same as LBL	11 - Includes Administrative Holiday	10 - Excludes Administrative Holiday
o Paid Vacation	1 - 10 Hrs/Month Pro-rated as % of Time Worked with Reimbursement for Earned but Unused Vacation on Termination	Up to 80 Hrs. After One Year with Contract Labor Agency, as Determined by Agency's Policy

D. Existing Contract Labor Agreements

1. Agency Referral Contracts

a) Clerical Support:
   - o Staff Builders, Inc.
   - o Thomas Temporaries, Inc.
   - o Task Force, Inc.

b) Technical/Maintenance Support - Design/drafting, technicians, metal fabrication, and selected semi and unskilled classifications:
   - o Marwest Engineering Services
   - o Kirk Mayer, Inc.
   - o Industrial Technical Services

c) Other Technical/Maintenance Support Contracts:
- o CDI Corporation
- o Butler Service Group
- o Contract Services Co.

} Back-up contracts for machinists & designers with provision to add other classifications as needed.

2. Payrolling Service Contracts
   - o Thomas Temporaries Inc. - new, large payrolling service contract which includes classifications listed in Enclosure (A).
   - o Staff Builders Inc. - limited payrolling service contract. Individuals on this contract will most likely be transferred to the new payrolling contract with Thomas Temporaries Inc. This latter contract has a better benefits package.

III. PROCEDURES FOR ACQUIRING CONTRACT LABOR SERVICES

Contract labor services are acquired through the Personnel Department's Employment Office. This office is responsible for assisting divisions in personnel evaluation, selection, salary/classification determinations and associated approvals. The Employment Office is the only organization authorized to extend offers of employment to contract labor personnel. It is also responsible for coordinating this activity with contract labor agencies and for referring newly appointed contract labor personnel to the Foreign Personnel and Visitor Arrangements Department for further processing. Individuals would report to work after completing their check-in procedures.

A. Short-term Assignments

For short-term assignments of two months or less which generally involve vacation relief, additional workload coverage for ill employees, or other sudden, unplanned occurrences, the Employment Office will usually acquire these services through various contract labor agencies holding agency referral agreements with the Laboratory.

Division Heads need only submit one blanket personnel requisition for each job classification they wish to have covered under this arrangement. Once this is done, designated division representatives may orally request temporary help through the Employment Office. Personnel requisitions for these short-term services will automatically expire every six months unless renewed by a Division Head.

B. Long-term Assignments

Procedures for meeting these needs parallel the Laboratory's current method for recruitment and placement of personnel and will usually be satisfied through the "payrolling" method. Personnel job requisitions will be submitted for each position, and employment representatives will assist divisions in filling these needs.

IV RESPONSIBILITIES OF LBL SUPERVISORS

A. Work Performance of Contract Labor Personnel

If the work performance of a contract labor agency employee is unsatisfactory after reasonable orientation to the job, there is no contractual obligation

to retain the person.

If the individual's work performance warrants a salary/job classification adjustment, and if such adjustments are not prohibited by contract, as in the case of agency referred clerical workers, the supervisor can initiate the action. Use the Laboratory's request form for contract labor personnel (Form #7600 - 65308). The Personnel Department's Compensation Section is responsible for administering this activity and for coordinating approved requests with contract labor service agencies.

B. Extensions of Service

Requests for extensions of service are initiated by a division on a Personnel Action Form (PAF, 7600-550-50) and submitted to the Foreign Personnel and Visitor Arrangements Department for processing. Salary/Job classification adjustment requests which are coincident with extensions should also be forwarded with the PAF to the Foreign Personnel and Visitor Arrangements Department for processing and coordination of salary/classification approvals by the Compensation Section.

C. Terminations of Service

Terminations of service are initiated by a division on a PAF, and forwarded directly to the Foreign Personnel and Visitor Arrangements Department for processing along with ID cards, film badges, and parking permits. The initiating division is responsible for ensuring that all other Laboratory property is collected and returned to issuing groups.

The reason for termination must appear on the PAF to help the Laboratory evaluate the quality of contract labor services. Beyond this, the submission of a termination PAF is necessary to ensure that contract labor agencies bill us for only services which have been rendered.

D. Other Personnel Actions

PAFs covering other personnel actions such as address changes, payroll account changes, time status changes, shift changes, and changes in educational status, should be forwarded directly to the Foreign Personnel and Visitor Arrangements Department for processing.

E. Time Reporting

Supervisors are responsible for verifying the accuracy of compensable time and for authorizing payment to contract labor agency employees by signing the individual's timecard.

The following compensation rules apply in determining overtime, shift differential, holiday, and vacation pay:

1. Overtime Pay

a) Non-exempt personnel are paid 1½ times their base hourly rate for time worked in excess of eight hours per day or 40 hours per week. When computing overtime pay for time over 40 hours per week, paid holiday leave is the only leave considered as time worked. Contract labor personnel classified as Digital Computer Operators (classification codes 757.1, 757.2, and 757.3) who are assigned to a ten hour shift, four days per week, shall receive overtime compensation for work in excess of 40 hours per week and not for work in excess

of eight hours per day.

b) Exempt personnel are not normally paid for time worked in excess of eight hours per day or 40 hours per week.

c) All overtime must have prior approval of the LBL supervisor.

2. Shift Differential Pay

A shift differential is paid to non-exempt personnel and to personnel classified as Accelerator Operator (Classification code 374.1) in the amount of 7.5% for swing shift (4PM - 12 midnight, shift 2) and 15% for owl shift (12 midnight - 8AM, shift 3). For individuals normally assigned to a specific shift, holiday and vacation pay will include the differential for that shift. Individuals working overlapping shifts receive pay based on the shift during which most of the time is worked during each 24 hour period.

3. Vacation Pay

a) Thomas Temporaries Payrolling Service Contract - Non-exempt and exempt full-time and part-time contract labor personnel earn vacation according to the formula presented below. The minimum monthly vacation accrual under this formula is 1.0 hours/month. The maximum accrual is 10.0 hours/month. All accruals are rounded to the nearest hour.

$$\frac{\text{Straight-time hrs paid X holiday hrs paid X vacation hrs paid X 10}}{\text{(work days in month + LBL holidays in month) X 8 hrs}} = \text{Hours Accrued}$$

Thomas Temporaries Inc. has established a vacation account for each employee using this formula. Contract labor personnel may take vacation after it is earned and only if authorized by the supervisor. Advance vacation is not authorized, and any unearned vacation taken and/or charged by contract labor personnel will be without pay.

b) Other Agency Contracts - Individuals working under other agency contracts earn vacation in accordance with their agency's policy. In most cases this is 80 hours after one year of full-time employment with the agency. Advance vacation is not authorized, and any unearned vacation taken and/or charged by contract labor personnel will be without pay.

4. Holiday Pay

Supervisors authorize holiday pay for full-time and part-time contract labor personnel as indicated by TABLES I & II below. Holiday pay for part-time contract labor personnel is pro-rated according to time worked during the week in which holidays occur.

Personnel whose regular day off falls on a Laboratory holiday receive holiday pay. All personnel must be in pay status on the scheduled working days before and after the holiday to qualify for holiday pay. Paid vacation leave is included as time worked for the purpose of computing holiday pay.

TABLE I

CONTRACT LABOR

NON-EXEMPT AND EXEMPT FULL-TIME PERSONNEL*

Condition	Non-Exempt Full-Time Personnel	Exempt Full-Time Personnel
Pay For Holiday Time Not Worked	8 Hrs. Holiday Pay @ Applicable Hrly. Rate	8 Hrs. Holiday Pay @ Applicable Hrly. Rate
Pay For Holiday Time Worked	8 Hrs. Holiday Pay, Plus Applicable Hrly. Rate For Hrs. Worked	No Extra Compensation

* Full-time Contract Labor Personnel - defined as individuals who are regularly scheduled to work no less than 40 hours per week.

TABLE II

CONTRACT LABOR

NON-EXEMPT AND EXEMPT PART-TIME PERSONNEL *

	Work Week With 1 Holiday		Work Week With 2 Holidays	
Condition	Hrs. Worked Incl. Paid Vacation Lv.	Holiday Pay At Applicable Hrly. Rate	Hrs. Worked Incl. Paid Vacation Lv.	Holiday Pay At Applicable Hrly. Rate
PAY FOR HOLIDAY TIME NOT WORKED	Under 3.25	None	Under 2.5	None
	3.5-5.25	1	2.75-3.25	2
	5.5-9.25	2	3.5-6.25	4
	9.5-13.25	3	6.5-9.25	6
	13.5-17.25	4	9.5-12.25	8
	17.5-21.25	5	12.5-15.25	10
	21.5-25.25	6	15.5-18.25	12
	25.5-29.75	7	18.5-21.25	14
	29.5 or more	8	21.5 or more	16

* Part-time Contract Labor Personnel - defined as individuals who are regularly scheduled to work less than 40 hours per week.

Non-exempt individuals who work on a holiday receive holiday pay plus the applicable hourly rate for hours actually worked.

Exempt individuals do not receive extra compensation when assignments require work on a holiday.

5. Other Time Reporting Rules
See Enclosure (C) for additional details on time reporting.

V. RESPONSIBILITIES OF LABORATORY SUPPORT UNITS INVOLVED WITH CONTRACT LABOR SERVICES

A. Purchasing Unit

1. Formulation of bid quotation requests and administration of bidding process.

2. Selection of contract labor service agencies.

3. Negotiation of contract terms in accordance with University, Federal, and State regulations.

4. Administration of all matters pertaining to performance of contract labor service agencies.

5. Modification of contract agreements.

6. Coordination of administrative, en masse personnel transfers to new contract labor service agreements.

7. CONTACTS: Hal McGrath, John Speros.

B. Personnel Department

1. Evaluation and approval of personnel requisitions to ensure conformity with contract labor guidelines.

2. Recruitment, to include acquisition of personnel through contract labor service agencies.

3. Assistance in personnel selection, and salary/classification setting determinations.

4. Extending offers of employment and administrative processing of newly appointed contract labor personnel.

5. Administration and approval processing of pay raises, reclassifications and other compensation/benefits matters.

6. Periodic data collection and analysis of contract labor services relating to quality of assigned personnel, administrative efficiency of agencies, and status of contract labor personnel levels.

7. CONTACTS: Ric Villacara, Belinda Worthen, Willie Drinks.

C. Foreign Personnel and Visitor Arrangements Department

1. Issuance of ID cards, car stickers, and LBL sponsored medical plan at full cost to participants.

2. Maintenance of original personnel files on all contract labor personnel.

3. Extensions of service for contract labor personnel and processing of other PAF changes for inclusion in computerized data base.

4. Processing terminations to include providing notification to contract labor agencies, LBL's Accounting Office, and the Personnel Department.

5. Maintenance of a computerized personnel inventory of contract labor personnel. Provide routine distribution of updated computer reports to divisions utilizing contract labor personnel and other Laboratory organizations as required.

6. CONTACT: Pearl Cone.

D. LBL Accounting Office

1. Administration of Contract Labor Time Reporting and Billing System.

2. CONTACTS: Ed Pollak, Vertis Ellis.

LAWRENCE BERKELEY LABORATORY

LIST OF SELECTED LBL

JOB CLASSIFICATIONS WHICH

MAY BE FILLED THROUGH

CONTRACT LABOR SERVICES

Enclosure (A)
August 1, 1979
REVISED

LBL JOB CLASSIFICATIONS WHICH MAY BE FILLED THROUGH CONTRACT LABOR SERVICES

EXEMPT STATUS CLASSIFICATIONS

Job Code	Job Classification
167.2	Administrator 2
167.3	Administrator 3
168.2	Administrative Specialist 2
168.3	Administrative Specialist 3
191.1	Technical Editor and Writer I
191.2	Technical Editor and Writer II
191.3	Technical Editor and Writer III
194.1	Technical Information Specialist I
194.2	Technical Information Specialist II
194.3	Technical Information Specialist III
374.1	Accelerator Operator
381.1	Research Associate
381.2	Senior Research Associate
382.0	Technical Associate
383.0	Design Associate

NON-EXEMPT STATUS CLASSIFICATIONS

Job Code	Job Classification
518.1	Administrative Services 1
518.2	Administrative Services 2
518.3	Administrative Services 3
567.1	Administator 1
568.1	Administrative Specialist 1
630.1	Custodian
724.1	Technical Assistant 1
724.2	Technical Assistant 2
725.1	Mechanical Technician
725.2	Mechanical Technician, Senior
725.3	Mechanical Technician, Principal
725.4	Mechanical Specialist
729.0	Draftsman
729.1	Draftsman, Senior
729.2	Draftsman, Design
729.3	Designer
730.0	Engineering Assistant
730.1	Engineering Assistant, Senior
730.2	Assistant Technical Coordinator
730.3	Assistant Technical Coordinator, Sr.
731.1	Medical Laboratory Technologist I
731.2	Medical Laboratory Technologist II
732.1	Occupational Health Nurse I
732.2	Occupational Health Nurse II
737.1	Garage Attendant
739.1	Vehicle Mechanic
740.1	Radiation Safety Technician
740.2	Radiation Safety Technician, Sr.
741.1	Health & Safety Technician
741.2	Health & Safety Technician, Sr.
741.4	Health & Safety Technician Spec.
743.1	Research Clinical Lab. Technologist
744.1	Animal Technician 1
744.2	Animal Technician 2
744.3	Animal Technician 3
757.1	Digital Computer Operator
757.2	Digital Computer Operator Senior
757.3	Digital Computer Operator Principal
759.3	Computing Technician
759.4	Computing Technician Senior
759.5	Computing Technical Principal
770.1	Electronics Technician
770.2	Electronics Technician Senior
770.3	Electronics Technician Principal
770.4	Electronics Specialist
781.1	Graphic Arts Technician
781.2	Senior Graphic Arts Technician
781.3	Principal Graphic Arts Technician
783.1	Printer 1
783.2	Printer 2
783.3	Printer 3
783.4	Printer 4
784.1	Print Room Operator
784.2	Print Room Operator Senior
784.3	Print Room Operator Principal
784.4	Print Room Camera Operator
786.1	Machine Shop Assistant I
786.2	Machine Shop Assistant II
786.3	Machinist
786.4	Precision Machinist
787.3	Assembly Machinist
788.1	Mechanical Shops Fabricator Assistant I

NON-EXEMPT STATUS CLASSIFICATIONS (Cont'd)

Job Code	Job Classification
788.2	Mechanical Shops Fabricator Assistant II
788.3	Mechanical Shops Fabricator
788.4	Mechanical Shops Fabricator Spec.
790.1	Plant Maintenance Technician
790.2	Plant Maintenance Technician Sr.
790.3	Plant Maintenance Technicial Princ.
790.4	Plant Maintenance Specialist
791.1	Plant Assistant I
791.2	Plant Assistant II
791.3	Plant Mechanic I
791.4	Plant Mechanic II
795.1	Research Technician
795.2	Research Technician Senior
795.3	Research Technician Principal
795.4	Research Specialist
797.1	Technical Illustrator I
797.2	Technical Illustrator II
797.3	Technical Illustrator III
797.4	Technical Illustrator IV
798.1	Photographic Specialist I
798.2	Photographic Specialist II
798.3	Photographic Specialist III
798.4	Photographic Specialist IV
999.0	General Helper

LAWRENCE BERKELEY LABORATORY

LIST OF JOB CLASSIFICATIONS

AND PAY RATES IN AGENCY REFERRAL

CONTRACTS

Enclosure (B)
August 1, 1979
REVISED

AGENCY REFERRAL CONTRACTS
CLERICAL CLASSIFICATIONS

The clerical classifications and billing rates presented below are fixed for straight-time and overtime conditions. Once negotiated, LBL has no flexibility in determining these rates, or in adjusting salaries of agency referred personnel for clerical assignments. The rates presented below include health & welfare benefits, overhead charges, and direct pay to the contract agency employee.

HOURLY BILLING RATES

Job Classifications	Staffbuilders, Inc.		Thomas Temporaries, Inc.		Task Force, Inc.	
	ST	OT	ST	OT	ST	OT
Clerk, Senior	$ 5.28	$ 7.23	$ 5.66	$ 8.49	$ 5.70	$ 7.98
Clerk, Principal	4.86	6.62	5.20	7.80	5.24	7.34
Clerk	4.39	5.95	4.70	7.05	4.74	6.64
File Clerk B	5.28	7.23	5.66	8.49	5.70	7.98
File Clerk C	4.39	5.95	4.70	7.05	4.74	6.64
Keypunch Operator	6.94	9.61	7.45	11.18	7.49	10.49
Receptionist	4.39	5.95	4.70	7.05	4.74	6.64
Secretary	5.64	7.75	6.05	9.08	6.09	8.53
Technical Typist	5.64	7.75	6.05	9.08	6.09	8.53
Transcriber	4.86	6.62	5.20	7.80	5.24	7.34
Typist A	5.64	7.75	6.05	9.08	6.09	8.53
Typist B	4.86	6.62	5.20	7.80	5.24	7.34

AGENCY REFERRAL CONTRACTS
TECHNICAL CLASSIFICATIONS

The technical classifications listed below have corresponding pay rates which represent the minimum base hourly rate which may be provided as direct pay to contract labor personnel. LBL can determine base hourly rates above classification minimums based on an evaluation of the individual's skills and experience. The contract labor agency's billing procedure will automatically include an additional $.21/hour to their employee for health and welfare benefits plus its overhead charge. These charges are not reflected in the rate schedule presented below.

JOB CLASSIFICATION	MINIMUM BASE HRLY. RATE	JOB CLASSIFICATION	MINIMUM BASE HRLY. RATE
Air Conditioning Mechanic	$ 9.12	Helper, Maint. Trades	$ 6.81
Assembler	5.44	Laborer, Grounds Maint.	5.39
Boiler Mechanic	9.12	Machinist	9.12
Carpenter, Maint.	8.76	Machinist, Maint.	9.12
Cement Mason	9.12	Mechanic, Maint.	9.12
Drafter, Class A	8.09	Painter, Maint.	8.76
Drafter, Class B	7.25	Pipefitter	9.12
Drafter, Class C	5.51	Plumber, Maint.	8.76
Electrician, Maint.	9.12	Sheetmetal Wkr., Maint.	9.12
Electronics Technician A	8.15	Sheetmetal Wkr.	9.12
Electronics Technician B	6.98	Welder	9.12
Electronics Technician C	5.86		
General Helper	3.82		

LAWRENCE BERKELEY LABORATORY

CONTRACT LABOR

TIME REPORTING PROCEDURES

Enclosure (C)
June 27, 1979
REVISED

TIME REPORTING PROCEDURES FOR LBL SUPERVISORS

I. General Information on LBL's Time Reporting System

There are two documents used in reporting time for contract labor personnel; an LBL timecard, and the Contract Labor Agency's timecard. Both timecards should be given to contract labor personnel for completion.

The Contract Labor Agency card is used to pay the individual's earned wages and is used as part of the recordkeeping system for billing the Laboratory. The Laboratory's Accounting Office uses the LBL timecard to compare contract payroll records with the invoices we receive from contract labor agencies and to determine which LBL account is to be charged. Both cards must reflect the same information, be filled in completely and signed by the supervisor.

Contract labor personnel are responsible for mailing completed agency timecards to their employing agency. This procedure is recommended in order to reduce delays which may otherwise result if intermediate processing procedures are established by employing divisions.

Completed LBL timecards should be delivered to the Accounting Office (Payroll, Bldg. 930, Rm. 460) or left at the Bldg. 50 pick-up (Bldg. 50, Rm. 156) by Monday or, in the case of holiday, the first work day of the week.

Timecards of contract labor agencies are generally similar in design. Since most contract labor personnel at the Laboratory will come under agreements with Staffbuilders Inc. and Thomas Temporaries Inc., the timecards from these agencies will be used herein to explain time reporting entries. Questions concerning the Laboratory's Contract Labor Time Reporting System should be directed to Ed Pollak of LBL's Accounting Office.

II. Time Reporting Entries

A. The following information must appear on each timecard:

CONTRACT LABOR AGENCY TIMECARD	LBL CONTRACT LABOR TIMECARD
Guest Name	Purchase Order Number
Guest Social Security Number	Guest Name
Ending Pay Period Date	Guest Number
	Ending Pay Period Date
	Payroll Account Number
	Cost Account Number
	Shift Designation (2 or 3)

B. Reporting Hours Worked

1. Agency Timecards - Report hours worked to the nearest $\frac{1}{4}$ hour for all agency timecards EXCEPT Thomas Temporaries Inc. (payrolling option) which should be reported to the nearest 1/10 hour as with LBL Timecard.

2. LBL Timecard - Since LBL computerized programs do not allow for $\frac{1}{4}$ hour reporting, report time to the nearest 1/10 hour (.1= 6 minutes, .2 =12 minutes, etc.) Differences in time reporting such as 3/4 hour on an Agency Timecard and .7 (42 minutes) on an LBL Timecard will be reconciled by the Accounting Office.

C. The following codes represent time reporting entries:

SHIFTS	LEAVE TIME
4PM - Midnight: (2)	Holiday: H
12midnight - 8AM: (3)	Vacation: V
	Leave Without Pay: X

If Shift (2) or (3) is not noted then Shift (1) will automatically apply.

D. Specific Timecard Entries for Thomas Temporaries

1. For the Thomas Temporaries payrolling contract, the job order number must also be on each card. The number for the duration of the contract is 1423A001. PAY DELAYED if number is missing.

2. Thomas Temporaries will have the same pay period as LBL, i.e. Sunday through Saturday, even though the printed card reads "week ending Sunday". This can be crossed out.

3. In recording time, the two boxes labelled "Straight-Time and Overtime" are an important part of this timecard. These boxes must accurately reflect all compensable time for the pay period.

E. Reporting Shift Differential

1. Thomas Temporaries Timecard - If other than Shift (1) is to be paid, note shift (2) or (3) to the right of the overtime box. (refer to example A)

2. Other Timecards - Typically, the shift hours to be paid are noted in the supervisor signature box. (refer to example A_1)

3. LBL Timecard - If other than shift (1), note (2) or (3) in the shift column. (refer to example A_2)

F. Reporting Overtime

1. Thomas Temporaries Timecard - Record overtime on a daily basis and the total overtime hours in the right-hand box marked "overtime". (refer to example B)

2. Other Timecards - Cards such as Staff Builders may not have a special box for overtime. Record total hours. (refer to Example B_1)

3. LBL Timecard - Record overtime hours in the shaded yellow portion. (refer to example B_2)

G. Reporting Holidays

Due to Federal regulations, contract labor personnel earn holiday pay based on the number of hours worked during the week the holiday(s) occur. Supervisors authorize holiday pay for contract labor personnel as indicated by Tables I & II on Page 7. For example, if a part-time contract labor person worked 23½ hours during the week in which the holiday occurred, that person would receive 6 hours holiday pay. Total reported conpensable time for that payroll period would be reported as 29½ hours. Also, if more than one account is charged by contract labor personnel, holiday hours can

be divided among accounts at the department's discretion. All personnel must be in pay status before and after the holiday to qualify for holiday pay.

1. Holidays Not Worked
   a. Agency Timecards - Record an H on the day the holiday occurs; record the number of hours to be paid with an H in parentheses where daily hours are totalled. Most important, separate the holiday pay out in the right-hand Total Straight-Time Box for Thomas Temporaries card. (refer to example C)

   b. LBL Timecard - Record the holiday hours to be paid with an H in parentheses on the day the holiday occurs. (refer to example C_1)

2. Holidays Worked
   a. Thomas Temporaries:
      i) Full-time employee - Record holiday pay in the daily box and separate out in the Total Straight Time Box. Record hours "in & out" as usual. Record overtime hours as usual. (refer to example D)

      ii. Part-time employee - Record hours worked as usual; record holiday hours, e.g. 4(H) next to hours worked. Separate holiday out in the Total Straight Time Box. (refer to example D_1)

   b. Other Timecards - Record hours worked as usual. For holiday, select a day which the person did not work and write in "pay for holiday", indicating hours to be paid. (refer to example D_2)

   c. LBL Timecards:
      i) Full-time employee - Record an H in the white section and the hours worked on the holiday in the shaded yellow overtime area. (refer to example D_3)

      ii. Part-time employee - Record hours worked and holiday hours in the same space, e.g. 4H/4. (refer to example D_4)

H. Reporting Vacation

Payrolled employees of Thomas Temporaries Inc. accrue vacation on a monthly basis according to hours worked, including paid holiday leave. The agency establishes and maintains the vacation account. Other contract labor personnel accrue up to 80 hours after one year of full-time work with the agency.

1. Agency Timecards - Record a V on the day(s) vacation occurs; record the number hours to be paid with a V in parentheses where daily hours are totalled. Most important, separate the vacation pay out in the right-hand Total Straight-Time Box for Thomas Temporaries card. (refer to example E)

2. LBL Timecards - Do not record vacation hours as part of the total number of hours worked. Make a notation on the left-hand side of the card. (refer to example E_1) The reason for this procedure is that vacation hours are part of the overhead charge and are not billed to LBL.

I. Leave Without Pay

1. All Cards - Absences for other reasons not stated herein are treated as leave without pay. Record an X on the day the leave occurs.

J. See example E for a combination of overtime, shift, vacation and holiday.

SHIFT DIFFERENTIAL

Example A

T-Girl.

ASSIGNMENT INFORMATION

COMPANY NAME _____ TIME _____

ADDRESS _____

REPORT TO _____

Thomas Temporaries

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR NAME (Please Print) Susan Smith

YOUR CURRENT ORDER NUMBER: 1 4 2 3 (BRANCH NUMBER) A (LETTER) 001 (JOB NUMBER)

YOUR SOCIAL SECURITY NO: 1 2 3 4 5 6 7 8 9

WEEK ENDING SUNDAY: MO 7 DAY 7 YR 79

T-Girl

DATE	MON.		TUES.		WED.		THURS.		FRI.		SAT.		SUN.	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN	8	-	8	-	4	pm	8	-	4	pm				
LUNCH OUT	12	-	12	-	8	-	12	-	8	"				
LUNCH IN	1	-	1	-	9	pm	1	-	9	pm				
TIME OUT	5	-	5	-	12		5	-	12					
TOTAL STRAIGHT TIME	8	-	8	-	8	-	8	-	8	-				
TOTAL OVERTIME														

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	STRAIGHT TIME MIN	OVERTIME HRS	OVERTIME MIN
24	-		
16	-		

shift 2

CUSTOMER: YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DIV. OR DEPT. CITY

EMPLOYEE SIGNATURE VERIFYING HOURS WORKED

We understand that Thomas Temporaries is not an employment agency and that the service it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for the service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages.

NOTE TO OUR EMPLOYEE

This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

Thomas Temporaries

FORM E-42 R 9-78

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Example A1

IMPORTANT FOR EMPLOYEE: Write all information clearly to assure prompt processing of your pay. Use a separate Time Sheet for each week and for each client. Give yellow copy to client, white, pink and green copies to your Staff Builders' office. PHONE STAFF BUILDERS IMMEDIATELY IF TERMINATED. This form is your responsibility. You cannot be paid without a signed Time Sheet – Your signature and client's.

EMPLOYEE: PRINT YOUR NAME

☐ MAIL CHECK
☐ DON'T MAIL WILL PICK UP

ASSIGNMENT CONTINUING ☐ YES ☐ NO | AVAILABLE FOR WORK ☐ YES ☐ NO | SOCIAL SECURITY NUMBER

staff builders®

LOCAL ADDRESS & PHONE:
1221 Broadway
Oakland, California 94612
Telephone: 832-7400
832-6800

OFFICES USA AND CANADA

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	LIVE IN	TOTAL HOURS
	SAT.					
	SUN.					
	MON.					8
	TUE.					8
	WED.					8
	THUR.					8
	FRI.					8

TOTAL HOURS (TO NEAREST 1/4 HOUR) FOR WEEK

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the Terms and Conditions printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. Minimum Assignment: 4 Hours.

CLIENT COMPANY:

ADDRESS: DEPT.

WEEK ENDING MONTH / DAY / YEAR

CLIENT NUMBER

CLIENT SUPERVISOR: WRITE TOTAL HOURS FROM TIME BOX TOTAL IN WORDS HERE.

B Worthen pay shift 2 for 16 hours

AUTHORIZED CLIENT SIGNATURE

(SIGN ONLY FOR ACTUAL TIME WORKED)

PLEASE PRINT NAME AND TITLE

EMPLOYEE CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUSTAINED DURING THIS ASSIGNMENT.

EMPLOYEE SIGNATURE

JOB CATEGORY

THIS SECTION FOR OFFICE USE ONLY					HOURS		EARNINGS				DEDUCTIONS						NET PAY
PAR	BAR	EXEM	MARITAL STATUS	SKILL NO.	REG.	O.T.	RATE	PAY	OTHER	TOTAL	FICA	FED.	STATE	CITY	OTHER	OTHER	TOTAL	
			☐M ☐S	CK IF SAME ☐														

HEADQUARTER'S COPY – IMPORTANT! USE BALL POINT PEN – PRESS HARD!!

Example A_2

XXXXXXX (PURCHASE ORDER NO.) | Smith, Susan (GUEST NAME) | POXXXX (GUEST NUMBER) | 9999 (P/R ACCOUNT) | 01 (SUB) | 7 (MO.) | 7 (DAY) | 79 (YR.)

SHIFT	ACCOUNT-SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
	3999 01			8	8		8			24	
2	3999 01					8		8		16	

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS 40

LL 5062 2.78 ~ GUEST SIGNATURE OR INITIALS

SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

OVERTIME

Example B

T-Girl. ASSIGNMENT INFORMATION
COMPANY NAME
ADDRESS
REPORT TO
TIME

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR NAME (Please Print) Susan Smith

YOUR CURRENT ORDER NUMBER 1 4 2 3 A 001
BRANCH NUMBER | LETTER | JOB NUMBER

YOUR SOCIAL SECURITY NO 1 2 3 4 5 6 7 8 9

WEEK ENDING SUNDAY MO 7 DAY 7 YR 79

T-Girl

	DATE MON HRS	MIN	DATE TUES. HRS	MIN	DATE WED HRS	MIN	DATE THURS. HRS	MIN	DATE FRI HRS	MIN	DATE SAT HRS	MIN	DATE SUN HRS	MIN
TIME IN	8	-	9	-	8	-	7	-	8	-				
LUNCH OUT	12	-	1	-	12	-	11	30	12	-				
LUNCH IN	1	-	2	-	1	-	12	30	1	-				
TIME OUT	6	30	6	-	7	-	6	-	5	-				
TOTAL STRAIGHT TIME	8	-	8	-	8	-	8	-	8	-				
TOTAL OVERTIME	1	30			2	-	2	-						

We understand that Thomas Temporaries is not an employment agency and that the service it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for the service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages.

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	MIN	OVERTIME HRS	MIN
40	-	5	30

CUSTOMER: YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DIV OR DEPT CITY

EMPLOYEE SIGNATURE
VERIFICATION OF HOURS WORKED

NOTE TO OUR EMPLOYEE
This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

Thomas Temporaries

FORM E-42 R 9-78

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Example B_1

IMPORTANT FOR EMPLOYEE: Write all information clearly to assure prompt processing of your pay. Use a separate Time Sheet for each week and for each client. Give yellow copy to client, white, pink and green copies to your Staff Builders' office. PHONE STAFF BUILDERS IMMEDIATELY IF TERMINATED. This form is your responsibility. You cannot be paid without a signed Time Sheet -- Your signature and client's.

staff builders®

LOCAL ADDRESS & PHONE:
1221 Broadway
Oakland, California 94612
Telephone: 832-7400
832-6800

OFFICES USA AND CANADA

EMPLOYEE: PRINT YOUR NAME: Susan Smith

☐ MAIL CHECK
☐ DON'T MAIL WILL PICK UP

ASSIGNMENT CONTINUING ☐ YES ☐ NO | AVAILABLE FOR WORK ☐ YES ☐ NO | SOCIAL SECURITY NUMBER 123-45-6789

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	LIVE IN	TOTAL HOURS
	SAT.					
	SUN.					
	MON.	8	6:30	12-1		9 1/2
	TUE.	9	6	1-2		8
	WED.	8	7	12-1		10
	THUR.	7	6	11:30-12:30		10
	FRI.	8	5	12-1		8
TOTAL HOURS (TO NEAREST 1/4 HOUR) FOR WEEK						45 1/2

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the Terms and Conditions printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. Minimum Assignment: 4 Hours.

CLIENT COMPANY:

ADDRESS: | DEPT.

WEEK ENDING (MONTH / DAY / YEAR) | CLIENT NUMBER

CLIENT SUPERVISOR: WRITE TOTAL HOURS FROM TIME BOX TOTAL IN WORDS HERE.

BWirthen forty five and a half
AUTHORIZED CLIENT SIGNATURE

EMPLOYEE CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUSTAINED DURING THIS ASSIGNMENT.

EMPLOYEE SIGNATURE | JOB CATEGORY

(SIGN ONLY FOR ACTUAL TIME WORKED)
PLEASE PRINT NAME AND TITLE:

THIS SECTION FOR OFFICE USE ONLY						HOURS		EARNINGS				DEDUCTIONS							NET PAY
PAR	BAR	EXEM	MARITAL STATUS	CK IF SAVE	SKILL NO.	REG.	O.T.	RATE	PAY	OTHER	TOTAL	FICA	FED.	STATE	CITY	OTHER	OTHER	TOTAL	
			☐M ☐S	☐															

HEADQUARTER'S COPY – IMPORTANT! USE BALL POINT PEN – PRESS HARD!!

Example B_2

XXXXXXX (PURCHASE ORDER NO.) | Smith, Susan (GUEST NAME) | POXXXX (GUEST NUMBER) | 9999 (P/R ACCOUNT) | 01 (SUB) | 7 (MO.) | 7 (DAY) | 79 (YR.)

SHIFT	ACCOUNT	SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
	3999	01			8 1.5	8	8 2	8 2	8		40	5 1/2

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LL 5082 2.78 ~

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS 40 5 1/2

GUEST SIGNATURE OR INITIALS

SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

HOLIDAYS NOT WORKED

Example C

T-Girl.

ASSIGNMENT INFORMATION

COMPANY NAME _____ TIME _____

ADDRESS _____

REPORT TO _____

Thomas Temporaries

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR NAME (Please Print) Susan Smith

YOUR CURRENT ORDER NUMBER 1 4 2 3 A 001
BRANCH NUMBER | LETTER | JOB NUMBER

YOUR SOCIAL SECURITY NO. 1 2 3 4 5 6 7 8 9

WEEK ENDING SUNDAY MO. 7 DAY 7 YR. 79

T-Girl

	DATE MON.		DATE TUES.		DATE WED.		DATE THURS.		DATE FRI		DATE SAT.		DATE SUN.	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN	8	-			H									
LUNCH OUT	11	30												
LUNCH IN	12	30												
TIME OUT	5	00												
TOTAL STRAIGHT TIME	8	0	8	0	8 (H)		8	0	8	0				
TOTAL OVERTIME														

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	STRAIGHT TIME MIN.	OVERTIME HRS.	OVERTIME MIN.
32	-		
8	- H		

CUSTOMER YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DIV. OR DEPT. CITY

EMPLOYEE SIGNATURE
VERIFICATION OF HOURS WORKED

We understand that Thomas Temporaries is not an employment agency and that the service it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, as consideration for the service being made available to us, we agree that in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages.

NOTE TO OUR EMPLOYEE
This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

Thomas Temporaries

FORM E-42 R 9.78

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Example C_1

XXXXXXX PURCHASE ORDER NO. | Smith, Susan GUEST NAME | POXXXX GUEST NUMBER | 9999 P/R ACCOUNT | 01 SUB | | 7 MO. | 7 DAY | 79 YR.

SHIFT	ACCOUNT-SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
2	3999 01			8	8	8H	8	8		40	

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS 40

LL 5082 2.79 ~

GUEST SIGNATURE OR INITIALS

SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

HOLIDAYS WORKED

Example D
Full-time employee

T-Girl. ASSIGNMENT INFORMATION
COMPANY NAME _____ TIME _____
ADDRESS _____
REPORT TO _____
Thomas Temporaries

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR CURRENT ORDER NUMBER: 1423 (BRANCH NUMBER) A (LETTER) 001 (JOB NUMBER)

YOUR NAME (Please Print): Susan Smith

YOUR SOCIAL SECURITY NO: 123 45 6789

WEEK ENDING SUNDAY: MO 7 DAY 7 YR 79

T-Girl

	DATE MON		DATE TUES.		DATE WED.		DATE THURS.		DATE FRI		DATE SAT		DATE SUN	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN	8	00	8	00	8	00	9	00	8	30				
LUNCH OUT	11	30	11	30	11	30	12	00	12	00				
LUNCH IN	12	30	12	30	12	30	1	00	1	00				
TIME OUT	5	00	5	00	5	00	6	00	5	30				
TOTAL STRAIGHT TIME	8		8		8 (H)		8		8					
TOTAL OVERTIME					8									

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	STRAIGHT TIME MIN	OVERTIME HRS	OVERTIME MIN
32 8 (H)	—	8	—

CUSTOMER YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DIV. OR DEPT. CITY

EMPLOYEE SIGNATURE
VERIFICATION OF HOURS WORKED

We understand that Thomas Temporaries is not an employment agency and that the services it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for this service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages.

NOTE TO OUR EMPLOYEE
This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
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EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Thomas Temporaries

FORM E-42 R 9/78

Example D_1
Part-time employee

T-Girl. ASSIGNMENT INFORMATION
COMPANY NAME _____ TIME _____
ADDRESS _____
REPORT TO _____
Thomas Temporaries

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR CURRENT ORDER NUMBER: 1423 (BRANCH NUMBER) A (LETTER) 001 (JOB NUMBER)

YOUR NAME (Please Print): Susan Smith

YOUR SOCIAL SECURITY NO: 123 45 6789

WEEK ENDING SUNDAY: MO 7 DAY 7 YR 79

T-Girl

	DATE MON		DATE TUES.		DATE WED.		DATE THURS.		DATE FRI		DATE SAT		DATE SUN	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN	8	—	8	—	8	—	8	—	8	—				
LUNCH OUT	12	—	12	—	12	—	12	—	12	—				
LUNCH IN														
TIME OUT														
TOTAL STRAIGHT TIME	4	—	4	—	4	4(H)	4	—	4	—				
TOTAL OVERTIME														

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	STRAIGHT TIME MIN	OVERTIME HRS	OVERTIME MIN
20 4 (H)	—		

CUSTOMER YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DIV. OR DEPT. CITY

EMPLOYEE SIGNATURE
VERIFICATION OF HOURS WORKED

We understand that Thomas Temporaries is not an employment agency and that the services it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for this service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages.

NOTE TO OUR EMPLOYEE
This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Thomas Temporaries

FORM E-42 R 9/78

Example D_2

IMPORTANT FOR EMPLOYEE: Write all information clearly to assure prompt processing of your pay. Use a separate Time Sheet for each week and for each client. Give yellow copy to client, white, pink and green copies to your Staff Builders' office. PHONE STAFF BUILDERS IMMEDIATELY IF TERMINATED. This form is your responsibility. You cannot be paid without a signed Time Sheet — Your signature and client's.

staff builders®

LOCAL ADDRESS & PHONE:
1221 Broadway
Oakland, California 94612
Telephone: 832-7400
832-6800
OFFICES USA AND CANADA

EMPLOYEE: PRINT YOUR NAME

☐ MAIL CHECK
☐ DON'T MAIL WILL PICK UP

ASSIGNMENT CONTINUING ☐ YES ☐ NO | AVAILABLE FOR WORK ☐ YES ☐ NO | SOCIAL SECURITY NUMBER

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH PERIOD	LIVE IN	TOTAL HOURS
	SAT.	pay for holiday =				8
	SUN.					
	MON.	8:00	5:00	12-1		8
	TUE.	8:00	5:00	12-1		8
	WED.	8:00	5:00	12-1		8
	THUR.	8:00	5:00	12-1		8
	FRI.	8:00	5:00	12-1		8
TOTAL HOURS (TO NEAREST 1/4 HOUR) FOR WEEK						48

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the Terms and Conditions printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. Minimum Assignment: 4 Hours.

CLIENT COMPANY:

ADDRESS: | DEPT.

WEEK ENDING (MONTH / DAY / YEAR) | CLIENT NUMBER

CLIENT SUPERVISOR: WRITE TOTAL HOURS FROM TIME BOX TOTAL IN WORDS HERE.

← Bubothen forty eight hours
AUTHORIZED CLIENT SIGNATURE

EMPLOYEE CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUSTAINED DURING THIS ASSIGNMENT.

EMPLOYEE SIGNATURE | JOB CATEGORY

(SIGN ONLY FOR ACTUAL TIME WORKED)
PLEASE PRINT NAME AND TITLE:

THIS SECTION FOR OFFICE USE ONLY						HOURS		EARNINGS				DEDUCTIONS							NET PAY
PAR	BAR	EXEM	MARITAL STATUS		SKILL NO.	REG.	O.T.	RATE	PAY	OTHER	TOTAL	FICA	FED.	STATE	CITY	OTHER	OTHER	TOTAL	
			☐M ☐S	CK. IF SAVE ☐															

HEADQUARTER'S COPY — IMPORTANT! USE BALL POINT PEN — PRESS HARD!!

Example D_3
Full-time employee

XXXXXXX (PURCHASE ORDER NO.) | Smith, Susan (GUEST NAME) | POXXXX (GUEST NUMBER) | 9999 (P/R ACCOUNT) | 01 (SUB) | 7 (MO.) | 7 (DAY) | 79 (YR.)

SHIFT	ACCOUNT-SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
1	3999 01			8	8	8H 8	8	8		40	8

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS: 40 | 8

LL 5002 2.79 ~ GUEST SIGNATURE OR INITIALS — SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

Example D_4
Part-time employee

XXXXXXX (PURCHASE ORDER NO.) | Smith, Susan (GUEST NAME) | POXXXX (GUEST NUMBER) | 9999 (P/R ACCOUNT) | 01 (SUB) | 7 (MO.) | 7 (DAY) | 79 (YR.)

SHIFT	ACCOUNT-SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
1	3999 01			4	4	4H/4	4	4		20	

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS: 24

LL 5002 2.79 ~ GUEST SIGNATURE OR INITIALS — SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

VACATION

Example E

T-Girl.

ASSIGNMENT INFORMATION

COMPANY NAME _____

ADDRESS _____

REPORT TO _____ TIME _____

Thomas Temporaries

PLEASE PRESS FIRMLY. YOU ARE MAKING 3 COPIES

YOUR CURRENT ORDER NUMBER: 1 4 2 3 (BRANCH NUMBER) A (LETTER) 001 (JOB NUMBER)

YOUR NAME (Please Print): Susan Smith

YOUR SOCIAL SECURITY NO: 1 2 3 4 5 6 7 8 9

WEEK ENDING SUNDAY: MO 7 DAY 7 YR 79

T-Girl

	DATE MON		DATE TUES.		DATE WED		DATE THURS.		DATE FRI		DATE SAT		DATE SUN.	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
TIME IN	8	-	8	-	V		V		8	-				
LUNCH OUT	12	-	12	-					12	-				
LUNCH IN														
TIME OUT														
TOTAL STRAIGHT TIME	4	-	4	-	4 (V)		4 (V)		4	-				
TOTAL OVERTIME														

We understand that Thomas Temporaries is not an employment agency and that the service it renders it made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for the service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of four hundred Dollars as liquidated damages.

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS	STRAIGHT TIME MIN	OVERTIME HRS	OVERTIME MIN
12	-		
8	-		

V

CUSTOMER YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY

CUSTOMER SIGNATURE

COMPANY NAME

DEPT OR DEPT. CITY

EMPLOYEE SIGNATURE VERIFICATION OF HOURS WORKED

NOTE TO OUR EMPLOYEE
This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

Thomas Temporaries

FORM E-42 R 9-78

Example E1

XXXXXXX PURCHASE ORDER NO. | Smith, Susan GUEST NAME | POXXXX GUEST NUMBER | 9999 P/R ACCOUNT | 01 SUB | 7 MO. | 7 DAY | 79 YR.

SHIFT	ACCOUNT-SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
	3999 01			4	4			4		12	
	Vacation = 8 hours										
									TOTALS	12	

SHIFT CODES
2 . SWING
3 . OWL
4 . OTHER

LL 5062 2.79 ~

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

GUEST SIGNATURE OR INITIALS

SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

COMBINATION OVERTIME, SHIFT, VACATION, HOLDIAY

Example F

T-Girl. ASSIGNMENT INFORMATION

Thomas Temporaries

COMPANY NAME _____

ADDRESS _____

REPORT TO _____ TIME _____

FORM E-42 R 9/78

PLEASE PRESS FIRMLY, YOU ARE MAKING 3 COPIES

YOUR CURRENT ORDER NUMBER | BRANCH NUMBER | LETTER | JOB NUMBER

YOUR NAME (Please Print)

YOUR SOCIAL SECURITY NO.

WEEK ENDING SUNDAY MO / DAY / YR

T-Girl

	DATE MON.		DATE TUES.		DATE WED.		DATE THURS.		DATE FRI.		DATE SAT.		DATE SUN.	
	HRS.	MIN.	HRS	MIN.	HRS	MIN.	HRS	MIN	HRS.	MIN	HRS	MIN	HRS	MIN
TIME IN	8	-	V		H		V		8	-				
LUNCH OUT	11	30							11	30				
LUNCH IN	12	30							12	30				
TIME OUT	6	30							5	-				
TOTAL STRAIGHT TIME	8	-	8(V)		8(H)		8(V)		8	-				
TOTAL OVERTIME	1	30												

We understand that Thomas Temporaries is not an employment agency and that the service it renders is made possible only by a substantial investment in advertising for, testing and training a large staff of personnel. Therefore, in consideration for this service being made available to us, we agree that, in the event the above named employee becomes employed by us within three months from this date, we will pay to Thomas Temporaries the sum of Four Hundred Dollars as liquidated damages

SHOW TOTAL HOURS WORKED (ROUNDED TO THE NEAREST ¼ HOUR)

STRAIGHT TIME HRS.	MIN.	OVERTIME HRS.	MIN.
16		1	30
8	H		
16	V		

pay shift 3 for all hours

CUSTOMER: YOU HAVE AUTHORIZED US TO PAY THE ABOVE HOURS. YOU WILL BE BILLED ACCORDINGLY.

CUSTOMER SIGNATURE

COMPANY NAME

DIV. OR DEPT. CITY

EMPLOYEE SIGNATURE VERIFICATION OF HOURS WORKED

Thomas Temporaries

NOTE TO OUR EMPLOYEE

This time slip must be filled in completely and accurately.
Be sure to leave the carbon copy of the completed time slip with customer.
This is a self-mailer. No envelope required.

EQUAL OPPORTUNITY EMPLOYER MALE/FEMALE

XXXXXXX (PURCHASE ORDER NO.) | Smith, Susan (GUEST NAME) | POXXXX (GUEST NUMBER) | 9999 (P/O ACCOUNT) | 01 (SUB) | 7 (WO.) | 7 (DAY) | 79 (YR.)

SHIFT	ACCOUNT - SUB	JOB NUMBER	SUN	MON	TUE	WED	THU	FRI	SAT	REGULAR	OVERTIME
3	3999 01			8 1.5		8H		8		24	1.5
3	Vacation = 16 hours										

SHIFT CODES
2 - SWING
3 - OWL
4 - OTHER

LAWRENCE BERKELEY LABORATORY, ACCOUNTING OFFICE - CONTRACT LABOR

TOTALS 24 1.5

LL 3082 2.78 ~

GUEST SIGNATURE OR INITIALS

SUPERVISOR SIGNATURE OR INITIALS

PRESS HARD WHEN MAKING ENTRIES.

LAWRENCE BERKELEY LABORATORY

KEY FORMS USED IN PROCESSING

CONTRACT LABOR PERSONNEL

Enclosure (D)
August 1, 1979
REVISED

KEY FORMS USED IN PROCESSING CONTRACT LABOR PERSONNEL

FORM	PREPARED BY	DISTRUBTION	REMARKS
Requisition for Personnel (Pg. D3)	Requesting Div.	Employment Office	Div: enter "Contract Labor" at top of requisition
Personnel Hire Request (Pg. D4)	Requesting Div.	Employment Office	-
Personal History Form (Pg. D5)	Contract Labor Personnel	To Interviewing Supervisor by Employment Office	Disbursed by Employment Office
Contract Labor Registration (Pg. D6)	Employment Office	Foreign Pers. & Visitor Arrangemts Dept, Hiring Div., Contract Labor Agency, Contract Labor Personnel, Personnel Dept	Disbursed by Employment Office
Self-Indentification Form (Pg. D7)	Contract Labor Personnel & Employment Office	Foreign Pers. & Visitor Arrangemts Dept for inclusion in original personnel file & computer data base	Disbursed by Employment Office
Participating Guest Assignment Form for Contract Labor Personnel (Pg. D8)	Employment Office	Foreign Pers. & Visitor Arrangemts Dept, Hiring Div., Contract Labor Personnel, Accounting, Medical Svcs, Film Badge Office, Plt. Protection, Supply Administration, Personnel Dept.	Disbursed by Foreign Pers. & Visitor Arrangemts Dept.
Medical Information Form (Pg. D9)	Contract Labor Personnel & Employment Office	Medical Services	Disbursed by Foreign Pers. & Visitor Arrangemts Dept.
Guest Patent Agreement (Pg. D10)	Contract Labor Personnel & Employment Office	Foreign Pers. & Visitor Arrangemts Dept.	Disbursed by Employment Office

Continued . . .

KEY FORMS USED IN PROCESSING CONTRACT LABOR PERSONNEL (Continued)

FORM	PREPARED BY	DISTRUBTION	REMARKS
Request for Access Identification Form (Pg. D11)	Employment Office	Foreign Pers. & Visitor Arrangemts Dept, Hiring Div.	Disbursed by Foreign Pers. & Visitor Arrangemts Dept.
Personnel Action Form (Pg. D12)	Requesting Div: Pull Last Copy & Send Form In Tact to Foreign Pers. & Visitor Arrangemts Dept	Selected Distrubtion: Personnel, Accounting, Data Processing, Contract Labor Agency as Required	o Div: Enter "Contract Labor" at top of PAF o Disbursed by Foreign Pers & Visitor Arrangemts Dept.
Classification & Salary Adjustment Request for Contract Labor (Pg. D13)	Requesting Div: o Pull Last Copy & Send Form In Tact To Compensation Section o If coincident w/extention of service, send to Foreign Pers. & Visitor Arrangemts Dept. for coodination w/Compensation Section	Contract Labor Agency, Foreign Pers. & Visit Arrangemt Dept, Requesting Div., Accounting, Contract Labor Personnel, Compensation Section	Disbursed by Compensation Section on Approval of Request

REQUISITION FOR PERSONNEL
CONTRACT LABOR

TO: EMPLOYMENT OFFICE

FROM: _____ (Department) Bldg. _____ Rm. _____ Ext. _____ Payroll Acct. No. _____

JOB CLASSIFICATION _____ Title Code _____ Salary Range _____ No. of Vacancies _____

Permanent _____ Temporary _____ _____ (Until) Summer _____ Total Hours of Work Per Week _____ Date Needed _____

Replacement? No _____ Yes _____ For Whom _____

Comments _____

_____

JOB DUTIES: *(Specific duties of this position)* Supervise others: YES _____ NO _____

_____

_____

_____

_____

_____

JOB REQUIREMENTS:

A. Education *(Indicate specific course background desired)*

_____ High School _____

_____ College _____

_____ Other _____

_____

B. Experience *(Indicate type and amount required)*

_____

_____

_____

_____

C. Other

1. Machine, Tools or Equipment Operated _____

_____

2. Degree of Supervision Received: *(check one)*

_____ a. Specific directions given for each assignment - frequent checks of work.

_____ b. General direction given - work checked occasionally.

_____ c. Works toward general objectives - mainly self-directed.

3. Level of Personal Contacts: *(check one)*

_____ a. Frequent contacts with high level staff members and others.

_____ b. Contacts primarily with fellow employees.

4. Unusual Working Conditions: *(Physical hazards, distractions, outdoor work, other characteristics of this job)*

_____

_____

5. Physical Requirements: *(does job require excessive standing, sitting, lifting, use of eyes, etc.?)* _____

_____

Requested By _____ Date _____ Authorized By _____ Date _____

7600-55440 (Rev. 6/77)
RL-2212

LAWRENCE BERKELEY LABORATORY
PERSONNEL REFERRAL SECTION

TO: _____ (Name) _____ (Department) DATE: _____

Introducing: _____ Position Title: _____

Citizenship: _____ Requsition # _____ Remarks: _____

_____

_____ Referred By: _____ (Personnel Department)

REVIEWING DEPARTMENT COMMENTS SECTION

☐ APPLICATION REVIEWED BY
☐ CANDIDATE INTERVIEWED BY

	DATE
_____	_____
_____	_____
_____	_____

ACTION DESIRED

☐ Hold for future reference
☐ Arrange interview
☐ Process for hire (See Hire Section below)
☐ No Interest
☐ Other _____

EEO regulations require that this portion be filled out on each individual referred for your consideration. On what job-related factors did you select or reject this person? Please check below and explain on reverse under Remarks Section.

☐ Individual is most qualified person for this position.
☐ Individual is not as well qualified as others considered for position.
☐ Individual is not interested in position.
☐ Other.

Signed: _____ Date: _____

HIRE REQUEST SECTION

1. Division _____ Dept./Group _____ Requisition No. _____ Payroll Acct. _____
2. Job Classification _____ Job Class Code _____ Base Pay Rate $ _____ per _____
3. Appointment is ☐ Career/Indefinite ☐ Faculty ☐ Temp _____ (Duration) ☐ Term _____ (Duration)
   ☐ Visiting Researcher ☐ GSRA ☐ Co-op ☐ Participating guest of contract labor agency: _____
4. Work Schedule: ☐ Full Time ☐ Indeterminate Time ☐ Part-Time _____ %
5. Start Date _____ Immediate Supervisor _____ Ext. _____ Bldg. No. _____
6. Appointee's Lab Ext. _____ Bldg. No. _____ Room No. _____
7. Travel Reimbursement From _____ to _____ Return _____
   ☐ Self ☐ Dependents ☐ Household Goods Charge Account Number: _____
   REMARKS: _____
8. FOR PARTICIPATING GUEST APPOINTMENTS OF CONTRACT LABOR AGENCY PERSONNEL:
   Issue Film Badge ☐ Yes ☐ No ☐ Schedule Health and Safety orientation ☐ Issue Health and Safety Handbook
9. FOR VISITING RESEARCHER: Travel/RT-POE _____ OW-POE _____ Per Diem _____ Housing Allowance _____
   Description Proposed Research _____
   _____
10. Send Departmental Copy of Employment Papers To _____ Bldg. _____ Room _____

SIGNATURE AUTHORIZATION SECTION

Recommended By: _____ Supervisor _____ Date Reviewed: _____ Div. Cmttee. for Staff Scientist Appts. _____ Date

Approved By: _____ Department Head _____ Date _____ Division Head/Designee _____ Date

_____ Personnel Representative _____ Date

7600-65306 (3/79)

Lawrence Berkeley Laboratory
University of California
Berkeley, California 94720

PERSONAL HISTORY FORM
CONTRACT LABOR SERVICES

Date ______________________

Last Name	First	Middle	Position Interest: Title Job #
Street Address			
City	State	Zip Code	Full Time ☐ Part Time ☐ Summer ☐
Home Phone		Message Phone	Age
Citizenship: U. S. ☐ Other ☐	Type of Visa		Under 18 ☐ Over 70 ☐ Neither ☐

EDUCATION AND TRAINING

Circle highest grade completed: 8 9 10 11 12 G.E.D ☐ College: 1 2 3 4 5 6 7 8

College, Univ., or Other (e.g., Military, Tech.)	From Mo/Yr	To Mo/Yr	No. of units completed	Degree Type/Yr	Major

Principal interest in field of study:	Pertinent skills, qualifications, hobbies or licenses:

RELATED EXPERIENCE SUMMARY

Show all related employment for past 10 years — begin with most recent — include military service:

Name of Company				Full Time ☐ Part Time ☐	Title and Duties in Detail
Street Address					
City and State			Phone		
From	Month	Yr	Starting Salary $		
To			Leaving Salary $	Supervisor	Reason Leaving
Name of Company				Full Time ☐ Part Time ☐	Title and Duties in Detail
Street Address					
City and State			Phone		
From	Month	Yr	Starting Salary $		
To			Leaving Salary $	Supervisor	Reason Leaving
Name of Company				Full Time ☐ Part Time ☐	Title and Duties in Detail
Street Address					
City and State			Phone		
From	Month	Yr	Starting Salary $		
To			Leaving Salary $	Supervisor	Reason Leaving

If additional space is necessary, please attach a Supplement

		REMARKS
Do you have relatives employed by LBL? If yes, give names, relationships and work locations under remarks.	☐ Yes ☐ No	
Have you previously worked at LBL as an employee or under Contract Labor Agreements? If yes, please state employer and give date under remarks.	☐Yes ☐No	

RL-6361 (4/79)

____
Signature

Lawrence Berkeley Laboratory

University of California
Berkeley, California 94720
Telephone 415/486-4000
FTS: 451-4000

CONTRACT LABOR REGISTRATION FORM

TO REGISTRANT: _____

ADDRESS: _____

This is a registration form which generally indicates the conditions of your assignment to the University of California, Lawrence Berkeley Laboratory, hereinafter called the "University".

Furnishing Employer: _____

Job Classification: _____ Base pay rate: _____ per: _____

Start Date: _____ Anticipated expiration date: _____

During the time you are working at the University, your University supervisor shall direct the work to be done and shall approve the manner in which it is to be done.

At all times while you are working at the University, under this registration you shall be and remain employed by the furnishing employer, and shall not be an employee of the University. Your employer is responsible for compensating you based on the submission of timecards certified by the University. In addition, your employer is responsible for providing fringe benefits in accordance with their policies and federal requirements. This responsibility may include an additional payment to you for health and welfare benefits.

Continuation of your assignment with the University is contingent upon satisfactory work performance and the availability of work and funds. During your assignment with the University, you will be required to receive information about safety policies and procedures of the University.

If the above arrangements are acceptable to you, please indicate this fact for our records by signing and returning this registration form intact.

Signature of Registrant	Date	Personnel Representative	Date

STATUS: Exempt ___ Non-Exempt ___

SHIFT: 1 ___ 2 ___ 3 ___

RL-6361

LAWRENCE BERKELEY LABORATORY
University of California, Berkeley, California 94720

SELF-IDENTIFICATION FORM

We are asking individuals who become employed by the Laboratory, or who perform work for the Laboratory under contract labor service agreements to complete this form. This information is being requested on a **strictly voluntary** basis. Your declining to provide this information will in no way affect your employment or affiliation with the Laboratory under a contract labor services agreement. Please refer to the back of this form for additional information.

Your Name _____ Date _____
Last First Middle

INSTRUCTIONS

Please identify the appropriate category by placing an "X" in the corresponding box. Select only one box for each category. If two or more ethnic categories are applicable, choose the one category with which you most closely identify.

- **RACE/ETHNIC HERITAGE**
  - U ☐ Decline disclosure

  - C ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** *Having origins in any of the original peoples of North America and who maintain cultrual identification through tribal affiliation or community recognition.*

    ASIAN OR PACIFIC ISLANDER: *Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands.*
  - A1 ☐ Chinese/Chinese-American;
  - A2 ☐ Filipino/Philipino;
  - A3 ☐ Japanese/Japanese-American;
  - A4 ☐ Pakistani/East Indian;
  - A5 ☐ Other Asian;

  - T ☐ **WHITE, NOT OF HISPANIC ORIGIN:** *Having origins in any of the original peoples of Europe, including Portugal, North Africa, or the Middle East and other.*

  - P ☐ **BLACK, NOT OF HISPANIC ORIGIN:** *Having origins in any of the Black racial groups of Africa.*

    HISPANIC: *Persons of Mexican-American, Puerto Rican, Cuban, or Central or South American or other Spanish Latin-American/Latino Culture or origin, regardless of race.*
  - K1 ☐ Latin-American/Latino
  - K2 ☐ Mexican/Mexican-American/Chicano
  - K3 ☐ Other Spanish/Spanish-American

- **DISABLED VETERAN:** Must be either entitled to compensation for disability rated at 30% or more under laws administered by the Veterans Administration OR discharged or released from active duty for a disability which occurrred or was aggravated in the line of duty.
  - U ☐ Decline disclosure
  - D ☐ Yes
  - N ☐ No

- **VIETNAM ERA VETERAN:** Must meet BOTH of the following: (1) Active duty for more than 180 days. (2) Served between August 4, 1964 and May 7, 1975.
  - U ☐ Decline disclosure
  - V ☐ Yes
  - N ☐ No

- **HANDICAPPED:** Having a physical or mental disability which is a substantial barrier to employment. Please specify handicap:

  _____

  _____

  - U ☐ Decline disclosure
  - H ☐ Yes
  - N ☐ No

- **SEX**
  - M ☐ Male
  - F ☐ Female

_____
Signature of individual providing this information

RL-6360 (4/79)

LAWRENCE BERKELEY LABORATORY
PARTICIPATING GUEST ASSIGNMENT FORM

PLEASE USE TYPEWRITER

USE FOR PERSONNEL FROM CONTRACT LABOR SERVICE ORGANIZATIONS

☐ RENEWAL ☐ NEW GUEST ☐ FORMER GUEST ☐ FORMER EMPLOYEE

GUEST NUMBER:

NAME (Last) (First) (Middle Name or Initial) TELEPHONE NO.

1. ADDRESS (Number and Street) (City) (State) (Zip Code)

2. SOCIAL SECURITY NUMBER | EEO INFORMATION: Sex, Ethnicity, H, D, V | CITIZENSHIP: U.S., Other - Specify: | BIRTHDATE: Mo., Day, Yr.

3. B.S. Yr | HIGHEST DEGREE | YR. | COLLEGE OF HIGHEST DEGREE | FIELD OF HIGHEST DEGREE | NO.

4. JOB CLASSIFICATION | JOB CLASS CODE ☐ E ☐ NE | BASE PAY RATE: Hourly, Monthly | RECRUITMENT STATUS: Payrolled, Agency Referred | TIME STATUS: Full-Time, Part Time %

5. START DATE: Mo., Day, Yr. | APPT. EXP. DATE: Mo., Day, Yr. | DEPARTMENT NAME | PAYROLL ACCT. | IMMEDIATE SUPERVISOR

6. GUEST LAB EXT. | BLDG. NO. | ROOM NO. | ISSUE FILM BADGE? ☐ YES ☐ NO | DEPARTMENT ADMIN. CONTACT

7. CONTRACT LABOR AGENCY EMPLOYING THIS GUEST: NAME: | TELEPHONE NO.

ADDRESS (Number and Street) (City) (State) (Zip Code)

8. DURING YOUR STAY AT LBL WILL YOU RECEIVE ANY FINANCIAL SUPPORT THROUGH A FEDERAL AGENCY, FELLOWSHIP, GRANT, SCHOLARSHIP, ETC? ☐ YES ☐ NO – IF YES, PLEASE GIVE NAME(S) OF SOURCE(S) OF FUNDS AND ADDRESS(ES) BELOW.

THE LAWRENCE BERKELEY LABORATORY IS UNABLE TO PROVIDE WORKER'S COMPENSATION BENEFITS IN THE EVENT OF A WORK-INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAY ROLL OF THE LABORATORY. Whom should the Laboratory contact to ascertain whether or not you are covered for Worker's Compensation benefits? In the event of an injury while working at the Laboratory this information would be needed. (Do not fill out Section 9 unless you are sure. See Section 11 below for person to notify in case of emergency.)

9. NAME | TELEPHONE NO.

ADDRESS (Number and Street) (City) (State) (Country or Zip Code)

10. IF COVERED BY A MEDICAL OR HEALTH INSURANCE PLAN, PLEASE GIVE NAME AND CARRIER

11. PERSON TO NOTIFY IN CASE OF EMERGENCY (Name) (Relationship) | TELEPHONE

ADDRESS (Number and Street) (City) (State) (Country or Zip Code)

12. I hereby agree to abide by all rules and regulations of the Lawrence Berkeley Laboratory and the University of California as set forth in their respectively approved policies and procedures.

13. APPROVED BY | DATE | SIGNATURE OF GUEST | DATE

14. ENVIRONMENTAL HEALTH AND SAFETY INFORMATION:

☐ Health & Safety Handbook ☐ Orientation: Date: Time: Place:

15. REMARKS: SHIFT: 1☐ 2☐ 3☐ REQUISITION NO.:

7600-65307 (REV. 4/79)

MEDICAL INFORMATION FOR PARTICIPATING GUESTS OF THE LAWRENCE BERKELEY LABORATORY BERKELEY, CALIFORNIA

DATE _____

Name _____
Last First Initial

From _____
(Name of Institution, Company, etc.)

Will be working at LBL from _____ to _____
Date Date

Date of last Physical Examination: _____

Industrial ☐ Private ☐

Name, Address and Telephone Number of physician who would have medical information in case of emergency.

_____

_____

_____

Please list any health condition (diabetes, heart trouble, etc.) or medication (digitalis, allergy to penicillin, etc.) that would be important to a physician treating you for a sudden illness or injury.

_____

_____

_____

THIS INFORMATION IS NECESSARY IF YOU ARE INJURED OR BECOME ILL WHILE AT THE LAWRENCE BERKELEY LABORATORY. IT WILL BE HELD IN CONFIDENCE BY OUR MEDICAL DEPARTMENT.

(PLEASE FOLD THIS SHEET IN HALF, STAPLE IT AND DROP IT IN LBL MAIL. IT IS PREADDRESSED)

GUEST PATENT AGREEMENT

This agreement is made by me with The Regents of the University of California, a corporation, hereinafter called University, in consideration of access to facilities and/or information at the Lawrence Berkeley Laboratory (LBL) and as a condition of my association.

I understand and agree that every possibly patentable device, process, or product, hereinafter referred to as invention, which I conceive or make (actually reduce to practice) during the course of utilization of any LBL facilities and/or access to information shall be examined by University to determine rights and equities therein in accordance with University's patent policy, and I further agree to furnish University with complete information with respect to each.

I further agree that, in the event any such invention shall be deemed by University to be patentable, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title and interest therein and to assist University in securing patent protection thereon.

With respect to any such invention, I further agree that I will do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University, including the University's obligations in regard to patents and technical and scientific records under Contract W-7405-ENG-48 with the U.S. Government. I agree to abide by the terms of Article XV of said contract, excerpts of which are set forth on the reverse side of this agreement, and as they may be amended from time to time, to the extent applicable to me, and further agree that the Government shall have prior right to determine title to all such inventions and that I will report all such inventions to the Director, LBL, or his designee. In order that the patent interests of the University and Government shall not be adversely affected I agree not to publish any information regarding scientific or technical developments made or conceived in the course of or under Contract W-7405-ENG-48 without patent approval obtained through the Director, LBL, or his designee for this purpose.

Anything herein contained to the contrary notwithstanding, University may relinquish to me all or a part of its right to any such invention, if, in its judgment, it deems it desirable to so do.

By execution of this agreement I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in University Regulation No. 23, University Policy Regarding Patents. I further understand that I may, with the approval of the University, request a waiver determination by the U.S. Government on my identified inventions as set forth in 41CFR 9-9.109-6.

I agree to be bound hereunder for and during any periods of my guest status at LBL.

Dated:_____ Name:_____
Please Print

Witness:_____ _____
Signature

7600-54447 (RL-3412)
Rev. 8/78

REQUEST FOR ACCESS IDENTIFICATION
LAWRENCE BERKELEY LABORATORY

☐ PARTICIPATING GUEST
☐ NON PARTICIPATING GUEST

_____ SOC. SEC. NO. _____
LAST NAME FIRST INITIAL

☐ SCIENTIST ☐ STUDENT ☐ ENGINEER ☐ _____
OTHER

WILL BE ASSOCIATED WITH LBL FROM _____ TO _____
(UP TO ONE YEAR, RENEWABLE ON REQUEST)

_____ DEPT. _____ EXT. _____
LBL CONTACT

CITIZENSHIP: ☐ U.S. ☐ OTHER _____
PLEASE INDICATE

If Non-Participant Please Complete The Following: LAB. ADDRESS: Bldg. _____ Rm. _____
FILM BADGE REQUESTED: ☐ NO ☐ YES IF YES, GIVE BIRTHDATE _____

FROM _____
INSTITUTION, UNIVERSITY, COMPANY, ETC.

PURPOSE OF VISIT _____

GUEST NO. _____

DATE _____ _____
DEPARTMENT HEAD

VAD/MASTER FILE COPY
RL-2158-4 Rev. 1/78
7600-55909

PASS OFFICE _____

D - 11

LAWRENCE BERKELEY LABORATORY
PERSONNEL DEPARTMENT
BERKELEY & LIVERMORE

PERSONNEL ACTION FORM
CONTRACT LABOR

PLEASE TYPE - THIS FORM WILL BE USED FOR KEYPUNCHING.
ALWAYS COMPLETE LINES 1&2

	EMPLOYEE NO.	LAST NAME	FIRST	INITIAL	ALIEN	EFFECTIVE DATE →	MO. DAY YR.
1					☐		

	DEPT. NAME	PAYROLL ACCT.	SUB	SITE	CLASSIFICATION AND TITLE CODE	PRESENT HOURS
2						

TYPE OF ACTION ✓ — CHANGE TO

TYPE OF ACTION			CHANGE TO
ACCOUNT TRANSFER	☐	13	PAYROLL ACCT. / SUB / SITE / DEPT. NAME
LABORATORY ADDRESS	☐	27	BLDG. NO. / ROOM NO. / MAIL NO
LABORATORY PHONE	☐	28	EXTENSION
HOME ADDRESS	☐	25	NUMBER & STREET - P. O. BOX - APT. NO. OR NAME OF ORGANIZATION; CITY / STATE / ZIP # OR COUNTRY
HOME PHONE	☐	26	PHONE NO.
NAME AND/OR NUMBER CHANGE (EMPL. # ENTERED BY PERSONNEL)	☐		NEW EMPLOYEE NO. / LAST NAME / FIRST / INITIAL
HOURS / % TIME CHANGE	☐		NO. OF LRL HOURS / LRL % TIME / ☐ 100% U.C. OR _____ % U.C.
LEAVE	☐		☐ LEAVE WITH PAY ☐ EXTENDED MILITARY LEAVE (31 DAYS OR MORE) ☐ LEAVE WITHOUT PAY ☐ TEMPORARY MILITARY LEAVE (30 DAYS OR LESS) ☐ RETURN FROM LWOP ☐ PROFESSIONAL RESEARCH & TEACHING LEAVE
TERMINATION	☐		ENTER ON ABOVE HOME ADDRESS LINE A FORWARDING ADDRESS WHICH WILL BE VALID IN JANUARY OF NEXT YEAR FOR MAILING OF WAGE AND TAX STATEMENT (W-2).

IF THIS ACTION INVOLVES A CHANGE IN SALARY RATE OR CLASSIFICATION, THE ACCEPTING DEPARTMENT MUST TYPE UNDER REMARKS THE NEW CLASSIFICATION AND MUST ALSO FORWARD A SALARY ADJUSTMENT REQUEST (RL 128) WITH THIS FORM. RL 128 IS NOT REQUIRED HOWEVER, IF THE CHANGE IS MEANT TO CORRECT THE EMPLOYMENT FORM.

ENTER UNDER REMARKS FORWARDING ADDRESS. ALSO REASON FOR LEAVE WITH OR WITHOUT PAY

NOTE - A NEW PAF MUST BE SUBMITTED FOR A RETURN FROM LEAVE WITHOUT PAY.

FIRST DAY OF PAID LEAVE	FIRST DAY OF LEAVE W/O PAY	LAST DAY OF LEAVE

ENTER UNDER REMARKS FINAL CHECK DISTRIBUTION INSTRUCTIONS

REMARKS OR OTHER TYPE OF ACTION:

REQUESTER _____ DATE _____ ACCEPTING DEPARTMENT (TRANSFER) _____ DATE _____

PERSONNEL DEPARTMENT USE ONLY

ROUTE TO	APPROVED	DATE
1.		
2.		
3.		
4.		

PERSONNEL STATUS	11		PAYROLL STATUS	14		VACATION CODE		PAYROLL USE ONLY	

7500.56 "I (REV. 9-72) (5-PART)

SEND FIRST 3 COPIES INTACT TO PERSONNEL DEPARTMENT

LAWRENCE BERKELEY LABORATORY
CLASSIFICATION AND SALARY ADJUSTMENT REQUEST
FOR PARTICIPATING GUESTS FROM CONTRACT LABOR SERVICE AGENCIES

Guest Last Name	First	Initial	Guest No.	Social Security No.		Start Date
						Mo. Day Year
Purchase Order No.						
LBL Department		Payroll Acct. No.	Present Classification		Code	Present Base Pay Rate
Contract Labor Service Agency Name			Proposed Classification		Code	Proposed Base Pay Rate
Agency Address			Percent of Salary Increase:			
Number Street	City	State Zip	Effective Date of Adjustment:	Mo.	Day Year	

JUSTIFICATION FOR RECOMMENDATION: Indicate overall work performance rating of individual by checking appropriate box and explain below.

☐ More than Satisfactory

☐ Satisfactory

Supervisor's Signature — Date

Approved: Division Head — Date

Approved: Salary and Wage Committee — Date

Approved: Compensation Administration — Date

Contract Agency Notification Date

Instructions to Initiating Dept.: Pull last copy for Dept. suspense file. Send all other copies intact to LBL Compensation Administration Section. If a transfer is involved, a Personnel Action Form must be forwarded promptly by the accepting Department.

7600-65308 (REV. 4/79)

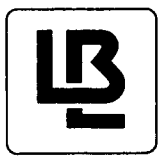
LAWRENCE BERKELEY LABORATORY

DIRECTORY OF CONTRACT

LABOR SERVICE AGENCIES

Enclosure (E)
August 1, 1979
REVISED

CONTRACT AGENCY	PURCHASE ORDER NUMBER
Adia/Task Force, Inc. 600 San Pablo Ave. Rm. 211 Albany, CA 94706 (415) 526-5564	1767000
Butler Service Group, Inc. 2075 DeLaCruz Santa Clara, CA 95052 (408) 249-4044	1787800
Comprehensive Designers, Inc. (CDI) P.O. Box 337 San Leandro, CA 94577 (415) 352-7020	1778100
Contract Services Company 3921 E. Bayshore Road Palo Alto, CA 94303 (408) 326-6722	1787900
Industrial Technical Services 12533 San Pablo Avenue Richmond, CA 94805 (415) 233-6800	1757600
Kirk-Mayer, Inc. 599 North Mathilda Ave. Sunnyvale, CA 94808 (408) 739-1704	1757800
Marwest Engineering Services, Inc. P.O. Box 4383 Vallejo, CA 94590 (415) 549-3912	1761900
Staff Builders 1221 Broadway, Suite 360 Oakland, CA 94612 (415) 832-7400	1761800* Agency Referred 1761800** Payroll Contract
Thomas Temporaries, Inc. 1330 Broadway, Suite 1440 Oakland, CA 94612 (415) 832-8658	1766900* Agency Referred 1776000** Payroll Contract



Lawrence Berkeley Laboratory
University of California
Berkeley, California 94720

Prepared for the U.S. Department of Energy under Contract W-7405-ENG-48

Technical Information Department/Pub 310/530/Aug, 1979