



Graham Placement Agency

104 Harbor Drive • Novato, CA 94945

(707) 769-8887 Fax: (707) 769-1644

Courtesy Time Card

Effective August 1, 2017

We understand that personnel from Graham Placement Agency (GPA) are referred to us on a temporary basis. If our office or an affiliate employs this person on their payroll, or in a consulting position, or utilizes this person's services through another temporary or out sourcing service within one year of the last date of GPA's referral, we agree to pay GPA its fee according to the schedule as set forth below.

GPA's current fee for referred personnel is \$70 per day for each day or partial day Personnel works for Client.

Client Name: _____ Personnel Name: _____

Dates of Employment:

A.M.

P.M.

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____

_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____

= _____
= _____
= _____
= _____
= _____

Total _____

Rate of wages for dental hygiene services: \$60 per hour Marin County

x _____

\$56 per hour Sonoma & Napa counties

x _____

Rate of wages for dental assistant services: \$29 per hour all counties:

x _____

Rate of wages for dental services: \$78 per hour all counties:

x _____

Total Due \$ _____

I understand that the above are the true and correct hours worked.

Client Signature: _____ Personnel Signature: _____ Date: _____

| | | | | | |
|---|--|---|--|---------------------------------------|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0010 200 _____ | |
| ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2. | | | | | |
| 1 Type or print your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box. | | |
| City or town, state, and ZIP code | | | 4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card ▶ <input type="checkbox"/> | | |
| 5 Total number of allowances you are claiming | | | | 5 _____ | |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ _____ | |
| 7 I claim exemption from withholding for 200__, and I certify that I meet BOTH of the following conditions for exemption: ● Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND ● This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. | | | | [Hatched Box] | |
| If you meet both conditions, enter "EXEMPT" here ▶ | | | | | |
| Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. | | | | | |
| Employee's signature ▶ | | | Date ▶ _____, 20__ | | |
| 8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) | | | 9 Office code (optional) | 10 Employer identification number | |