



APARTMENT STAFFING

Employee Name: _____

Employee Phone: _____

Property Name: _____

Property Phone: _____

811 S. Central Expressway #230

Richardson, TX 75080

(972) 792-8367

(972) 792-8366 fax

Assignment: Continuing _____ Complete _____

DAY	DATE	IN	OUT	IN	OUT	REG Hours	OT Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS							

Employee: I certify that the hours as indicated above are true and complete. I understand that overtime hours are computed based on in excess of 40 hours in a work week only. I agree to contact Expert Apartment Staffing between the hours of 8am and 9am the next regular work day following the conclusion of my assignment to make myself available. Failure to do so will affect my eligibility for unemployment benefits.

Employee signature: _____ **Date** _____

Client: Your signature represents your agreement with the terms and conditions as outlined on this timesheet. That the hours as shown are correct and that the work was completed satisfactorily. Client agrees not to entrust temporary employees with cash/negotiable or other valuables. Client assumes full responsibility thereof. Service shall not be liable for any unlawful actions, injuries or harm caused by said employees. The services insurance may not cover said incidences. Client agrees to the terms of net 30 on all invoices.

Client Signature: _____ **Date** _____

TIMESHEETS MUST BE RECEIVED BY NOON MONDAY: 972 – 792- 8366 (Fax)