



Employee Name: _____

Employee Phone: _____

Property Name: _____

Property Phone: _____

811 S. Central Expressway #230

Richardson, TX 75080

(972) 479-1100

Assignment: Continuing _____ Complete _____

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

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 Platinum 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.

Empleado: Yo cerifico que las horas indicadas arriba son ciertas y completas. Yo entiendo que el overtime es calculado cuando se pasan 40 horas en una semana . Yo estoy de acuerdo a contactar a Platinum Apartment Staffing entre las horas de las 8 am y 9 am el dia siguiente cuando este terminado mi trabajo para ponerme disponible. Si no lo hago esto afectaria en recibir beneficios de desempleo.

Employee Signature/Firmar: _____ **Date/Fecha** _____

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 _____