

TIME CARD Due MONDAY 10 a.m.

Email to: time@lonestarapartmentservices.com

Apartment Staffing Division

(623) 401-8883 Arizona

(512) 379-8881 Austin

(972) 961-8881 Dallas

(817) 945-8881 Ft. Worth (726) 336-3000 San Antonio

(254) 966-5500 Waco

Property Name: Address:						Worker Name:	
						Worker Ph # :	
Date	Mon Tue Wed Thurs Fri Sat Sun	Arrived	arrived Lunch	Departed	Hours • Lone Stinterview Apartme Star Apo bill rates • Client of money(s • Lone St unlawful • Any ind Lone Sto • All Invo days. Cli invoice of concessi EMPLO • Lone St timeshed • Timeshed	CLIENT TERMS, CONDITIONS, POLICIES AND PROCEDURES • Lone Star Apartment Services LLC incurred fees and expenses in recruiting, interviewing, screening and advertising. Utilizing a candidate from Lone Star Apartment Services LLC through/with another service within 90 days of Lone Star Apartment Services LLC referring any candidate to client will result in full bill rates for 160 hours and full placement fee. • Client accepts full responsibility when placing the candidate in charge of money(s), key(s), valuables, tools, machinery, etc. • Lone Star Apartment Services LLC will not be held responsible for any unlawful actions, or injuries due to the candidate. • Any incident must be reported within 24 hours. After the 24 hours has expired Lone Star Apartment Services LLC will no longer be held responsible. • All Invoices / accounts are due upon receipt and considered past due after 30 days. Clients are responsible for legal and collection fees. In the event of an invoice aging beyond 75 days without payment in full, will result in all concessions reversed and market bill rates applied to the invoice. EMPLOYEE/WORKER POLICIES & PROCEDURES • Lone Star Apartment Services LLC is not responsible for collecting your timesheet. This is your responsibility. • Timesheets will not be processed unless they are signed by an authorized representative of the property. • You are obligated to contact our office within 24 hours from the completion of	
			Total		every assignment in order for your		
Authorize Signature						Print Name:	
Overtime	Signature:		Print Name:				
		(Overtime Signature indicates you agree to time and 1 half billing)					