



TIME CARD

Due **MONDAY 10 a.m.**

Email to: Time@lonestarapartmentservices.com

Staffing Departments:
 (512) 379-8881 Austin
 (972) 961-8881 Dallas
 (817) 945-8881 Ft. Worth
 (726) 336-3000 San Antonio
 (254) 966-5500 Waco

Property Name: _____

Worker Name: _____

Address: _____

Worker Ph # : _____

Date	Day	Arrived	Lunch	Departed	Hours
	Mon				
	Tue				
	Wed				
	Thurs				
	Fri				
	Sat				
	Sun				
Total					

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 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 every assignment. Failure to do so, will result in your unemployment benefits being denied.

Authorize Signature _____ Print Name: _____

Overtime Signature: _____ Print Name: _____

(Overtime Signature indicates you agree to time and 1 half billing)