



A-List Apartment Staffing Timesheet

*****TIMESHEETS MUST BE RECEIVED BY 10:00 A.M. MONDAY MORNING*****

*ANY TIMESHEET NOT TURNED IN ON TIME WILL **NOT** BE PAID ON TIME. PAY DAY IS THE FOLLOWING THURSDAY AFTER YOU HAVE WORKED.*

Take a picture of your signed timesheet each week and: **email** it to AlistTimesheets@gmail.com, **fax** it to **972-707-4800**, **text** it **214-707-0621** Call to make **SURE** we received your timesheet.

Employee Name: _____ 8330 LBJ Freeway Ste. #270

Employee Phone Number: _____ Dallas, Texas 75243

Employee Position: _____ Office: (972) 707-4400

Property Name: _____ Fax: (972) 707-4800

Property Number: _____ AlistTimesheets@gmail.com

For additional timesheets, visit our website at www.AListApartmentStaffing.com

Assignment Continue: Yes/No **Completed:** Yes/No

Day	Date	Arrive (in)	Lunch (out)	Lunch (in)	Leave (out)	Regular Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Hours: _____ OT _____

*****Client must initial for overtime hours in order to be processed*****

Client Initial: _____

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 assumes full responsibility thereof. Client also assumes all responsibility when placing worker in charge of the following, but not limited to: keys, tools, money, etc. A-List Apartment staffing shall not be responsible for any unlawful actions, injuries or harm caused by said employees. A-List Apartment Staffing insurance may not cover said incidences. Client also agrees to the terms of due upon receipt on all invoices.

Client Signature: _____

Date: _____

PROPERTY MANAGER _____

Employee: Your signature represents your agreement of knowing to notify A-List Apartment Staffing when you arrive onsite and immediately following the completion of any assignment, and calling in your availability at least three (3) times every week. Failure to do so will affect unemployment eligibility.

Employee Signature: _____

Date: _____

TEMP _____

