

TIMECARDS ARE DUE ON YOUR LAST DAY WORKED EACH WEEK, AND NO LATER THAN MONDAY BY 3:00PM

**BEST: TEXT OR EMAIL A PICTURE TO:
Timecards@LegacyAptStaffing.com
ADD – CALIFORNIA TIMECARD TO SUBJECT LINE
PAYDAY IS THURSDAY (CHECKS DATED)**

PAYCHECK DELIVERY: **PAY CARD** **DIRECT DEPOSIT**

Please **COMPLETELY AND CLEARLY FILL** out every information box. The use of whiteout is not allowed. Use a different timecard for each community worked. Incorrect, incomplete or late timecards will delay payment to the following week.

EMPLOYEE NAME				JOB TITLE		
COMMUNITY/CLIENT NAME				WEEK ENDING (Sunday Date)		
	Date	Time Start	Lunch 1 hr/.50 hr	Time End	Total Hours (Minus Lunch) 40 HRS/WK	Overtime Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				Total		

EXAMPLE Time is calculated as :15=.25 :30=.5 :45=.75 Example: 8.25

Monday 9/15 8:30am 1 HR 6:00pm 8 .50 OT

**OT is anything over
40 hrs per week**

*By signing below, employee certifies that no accident or injury or any other incident occurred while working on the above assignment unless noted in the comment section. I also certify that the above dates and hours are correct, that I have taken all rest breaks as required by law, and that I did not use my personal cell phone for any business purposes.

Employee Signature: _____ **Date:** _____

Client Agreement

NOTICE TO CUSTOMER: DO NOT APPROVE INACCURATE TIMESHEETS. It is understood that the undersigned is an authorized representative of the Client, and hereby certifies that the above hours are correct and that the work was performed satisfactorily. If the above stated Legacy Apartment Staffing employee is hired by the "Client" within the next 12 months or if the "Client" refers the above stated Legacy Apartment Staffing employee to any other employer a placement fee will be due to Legacy Apartment Staffing equal to 15% of the annual salary. **The "Client" agrees that they will not permit the above named person to operate motor vehicles, handle cash, take keys home, sign legal documents or handle other valuables.**

Print Name and Title: _____ **Client Initial for OT** _____

Client Signature: _____ **Date:** _____