



TIME CARD

InterLink
MULTIFAMILY STAFFING

Time sheets MUST be e-mailed or scanned no later than 9AM Mondays

TO:
payroll@interlinkmultifamily.com

WEEK ENDING: _____
YOUR WEEK ENDING DATE IS SUNDAY MM/DD/YYYY

Employee Name: _____ **Community Name:** _____

	Date	Arrival Time	Out for Lunch	Return from Lunch	Departure Time	Total Regular Hours	Overtime Hours	Total Hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
WEEKLY TOTALS:								

Four hour minimum billing applies if order is not canceled within 12 hours of assignment request start time. By signing below, it is understood that the signatory is an authorized representative of the customer. YOUR SIGNATURE BELOW AUTHORIZES INTERLINK MULTIFAMILY STAFFING TO PAY OUR EMPLOYEE BASED ON THE HOURS INDICATED ABOVE, INVOICE YOUR COMPANY AND ENSURES PAYMENT NET 30 DAYS UPON RECEIPT. Overtime will be billed according to state law. The client agrees that they will not allow InterLink Multifamily Staffing employees to handle cash/cash equivalent, nor will they permit operation of motorized vehicles by InterLink Multifamily employees for off site use without consent from InterLink Multifamily Staffing. Golf cart use is permitted with DMV registered and insured golf carts. Your signature further acknowledges that the individual named above is an employee of InterLink Multifamily Staffing. Any offers of regular employment extended to the individual named above with your company, an affiliate, parent company or any other employer, are subject to a liquidation fee up to 10% of the annual salary. This applies to any employee and/or candidate referred by InterLink Multifamily Staffing and hired by your organization in any capacity within six months of the last day worked.

InterLink Multifamily Staffing is entitled to recover all costs incurred as a result of collection efforts, including but not limited to. Legal fees and penalties as permitted by law. If any disputes arise between the parties related to the agreement, the proper venue and jurisdiction for this dispute shall be in Los Angeles, Orange, San Diego or Riverside County CA.

EMPLOYEE SIGNATURE: _____

Date: ____/____/____
mm/dd/yyyy

CLIENT SIGNATURE: _____

Date: ____/____/____
mm/dd/yyyy

OT APPROVED BY CLIENT: _____

Date: ____/____/____
mm/dd/yyyy