

Week Ending Sunday:					Customer P.O.#:		
Property Name:					Telephone #:		
Property Address:					Fax #:		
Email:					Employee Name:		
Days of the Week	Date	Start Time	Lunch Start	Lunch End	Finish Time	Regular Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Continue this assignment? Y / N		Total:		HRS.	MIN.	OT:	
Must be faxed into office by 12pm Monday							
<p>TERMS:1) MetroPlex Staffing L.L.C. invoices are DUE WITHIN 30 DAYS OF INVOICE DATE. This property and the current management company are responsible for the timely processing and payment of all invoices. An automatic 20% will be added to any invoices left open over 45 days. Should any invoice be open over 90 days, an additional 20% will be added to the invoice and any late fees that already apply. The property and management company will also be liable for all COLLECTION COSTS, INCLUDING LEGAL FEES, IF APPLICABLE, associated with collection of unpaid balances.</p> <p>2) For 90 days after the last day for which hours are reported on this form, client shall not use the services of the named MetroPlex Staffing L.L.C. employee except as a temporary employee assigned by MetroPlex Staffing L.L.C. This includes the following cases: employing the person directly; entering into any independent contractor, agency, facility staffing, or consulting relationship involving the person's services; arranging, suggesting, endorsing, facilitating, or acquiescing in the person's employment or recruitment by an organization other than MetroPlex Staffing L.L.C, whether or not the person is later assigned to client.</p> <p>3) Client accepts full responsibility for all claims and costs associated with acts or omissions of MetroPlex Staffing L.L.C. employee arising from client's non-observance of Section 1.</p> <p>4) Client will not allow MetroPlex Staffing L.L.C. employees to operate motor vehicles or machinery without MetroPlex Staffing L.L.C. prior written permission.</p> <p>5) Client will not entrust MetroPlex Staffing L.L.C. employee with unattended premises, cash, negotiables, or other valuables without MetroPlex Staffing L.L.C. prior written permission.</p> <p>6) Until this form is modified, these terms govern future temporary assignments and temporary assignments formed.</p> <p>7) If any dispute arises between the parties to this agreement with MetroPlex Staffing L.L.C., the proper venue and jurisdiction for said dispute shall be with a court of Tarrant County, Texas.</p> <p>CLIENT AGREEMENT: I agree and certify that I am authorized to sign time sheet. I am an authorized agent of the Management Company shown above and the agent of the Owner(s) of this property. Furthermore, I agree that the Management Company shown above and the Owner(s) of this property shall fully compensate MetroPlex Staffing L.L.C. for moneys owed pursuant to the terms of this agreement. I certify that any services performed under this agreement are subject to a lien if not paid within 90 days. I understand that any hours worked on this property by MetroPlex Staffing temporary employees in excess of 40 hours per week will be billed to the property at 1.5 times the regular hourly rate. Execution of this agreement by the undersigned client representative constitutes an agreement by the Management Company and Owner(s) of this property to all the terms and provisions stated on this document.</p> <p><i>I certify the above associate hours are correct. By signing I agree to the hours and no changes can be made.</i></p>							
Authorized Client Signature:					Date:		
Authorized Client Printed Name:					Associate Performance:		
					Great <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Comments:		



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I certify that the hours I worked are correct. When my job assignment is completed I agree to notify Metroplex Staffing within 24hrs my availability to work. If I do not make contact within 24 hrs my unemployment benefits may be denied. I further agree to contact Metroplex Staffing immediately if I fail to appear for any assignments. I also understand that pay is based on performance, my rate of pay will decrease to the current minimum wage for all hours worked during the preceding pay period if I fail to appear without notification, and or if the client deems my work performance unsatisfactorily. I have read and understand the above statement and by signing below agree to make this document legal.

Associates Signature:

Print Name:

Position:

Pay Day Pro
Direct Deposit – Employee Authorization

Company Name

Company Client Code

Employee Name

Employee Soc Sec No

I hereby authorize PayDay Pro (hereafter "Company") and the financial institution(s) (hereafter "Bank") listed below to direct deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if my employer does not make them available.

I also authorize Company to deposit any amounts owed me by initiating credit entries to my accounts at the Bank(s) indicated on the bottom of this form. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my accounts. In the event that Company deposit funds erroneously into my account, I authorize Company to debit my account for the amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Attach a VOIDED CHECK for each checking account. Verify ALL bank information if using a savings account. ONLY completed and signed forms will be processed.

DEPOSIT SLIPS CANNOT BE USED.

A. _____
Bank Name/City/State

___ Checking ___ Savings Account no. _____ Routing no. _____

Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

B. _____
Bank Name/City/State

___ Checking ___ Savings Account no. _____ Routing no. _____

Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

C. _____
Bank Name/City/State

___ Checking ___ Savings Account no. _____ Routing no. _____

Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

Deposits are normally available on check date between 8:00 am and 12:00 midnight. It is my responsibility to verify deposits on a **pay period basis** before writing checks against these funds. This Authorization can take up to two (2) pay periods to activate. I understand that neither my employer nor **Pay Day Pro** is responsible for bank errors or bank fees. I have read, understood, and agreed to the above information. I may cancel this Direct Deposit(s) at any time by written request. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

Employee Signature

Date