



11230 WEST AVE. • STE 1209 • SAN ANTONIO, TX 78213  
 TELE: 210.341.8355 • FAX: 210.341.2802  
 www.apartmentsolutionsinc.com

Community Name	
Address	
Week Ending Date	Are You Returning To This Assignment YES <input type="checkbox"/> NO <input type="checkbox"/>

**EMPLOYMENT AGREEMENT:** I hereby certify that the hours shown hereon were worked by me during the week ending and were certified by an authorized representative of the Customer. I understand that I am to contact the Apartment Solutions, Inc. office after completing this assignment to discuss another assignment. I understand and acknowledge that if I fail to do so, Apartment Solutions, Inc. may assume that I have voluntarily quit without good cause associated with work and that such a voluntary quit may result in my being denied unemployment benefits. I understand it is solely my responsibility to verify. Apartment Solutions, Inc. has received an authorized copy of each week's time.

Employee Name	Employee Signature
Assignment Position	

FOUR (4) HOUR PER DAY MINIMUM						
Day	Date	Time Started	Time Finished	Lunch Period	Total Hours	Client Initial Daily
Hours To Be Shown To Nearest Quarter Hour				Total Time		

**CLIENT AGREEMENT:** By execution of this form Client certifies that the employee's hours shown on this time sheet are correct and that the work was done satisfactorily. Hours in excess of forty (40) hours per week, or eight (8) hours per day will be billed at time and one-half. Client agrees to the Terms of Service on the reverse side of this form.

This Area To Be Completed By Client.	Hours	Minutes
Temp Position Performed		
Authorized Client Signature	Authorized Client Name (Please Print)	

WHITE: HOME OFFICE YELLOW: EMPLOYEE