

Time Sheet

Property:

Employee name:

**Timecards ARE DUE Monday Morning 9:30am -NO EXCEPTIONS!!! Anytime received after 9:30am will not be processed until the following week.**

Day	Date	Start Time	Lunch Start	Lunch End	Finish Time	Regular Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total Hours:

Total Overtime Hours:

Manager Signature:

**CLIENT AGREEMENT:** I agree and certify that I am authorized to sign this 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 shall fully compensate MetroPlex Staffing LLC for money's owned 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 that 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. I certify the above associate hours are correct. By signing I agree to the hours and no changes can be made.

**Temporary Employee:** I certify that the hours I worked are correct. When my job assignment is complete I agree to notify Metroplex Staffing within 24 hrs my availability for work. If I do not make contact within MetroPlex within 24hrs my unemployment benefits may be denied.

Employee Signature

**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**