



**FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)**

A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	12/22/14 / Andy Gump / Temporary Power Pole	OUTREACH	Andy Gump	INV251717			\$50.00
2	12/22/14 / Andy Gump / Temporary Power Pole	OUTREACH	Andy Gump	INV256710			\$50.00
3	12/24/2014 / Temp Staff / Minute Taking Services Jun 14	OPERATIONS	Apple One	S2525599			\$242.55
4	12/24/2014 / Temp Staff / Minute Taking Services Jul 14	OPERATIONS	Apple One	S2566965			\$121.28
5	12/24/2014 / Temp Staff / Minute Services Jul-Aug 14	OPERATIONS	Apple One	S2607448			\$334.95
6	12/24/2014 / Temp Staff / Minute Taking Services Sept 14	OPERATIONS	Apple One	S2656269			\$184.80
7	12/24/2014 / Temp Staff / Minute Taking Services Nov 14	OPERATIONS	Apple One	S2737195			\$69.30
8	12/31/14 / Web / Services for Oct and Nov 2014	OUTREACH	Wendy Moore Business Results	GPNC 2014 1117			\$510.00
9							
10							
11							
12							
<b>SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)</b>							<b>\$1,562.88</b>
<b>B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS</b>							<b>\$7,369.95</b>
<b>C OUTSTANDING COMMITMENTS</b>							
C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)							
C 2. Rent/Lease							
C 3. Contractual Services							
C 4. Large Purchases							
C 5. Neighborhood Purpose Grants (pending or in process)							
C 6. Temporary Staffing Services							
C 7. Storage							
C 8. Other Outstanding Commitments ==> Description:							
<b>SUBTOTAL: Outstanding Commitments</b>							<b>\$0.00</b>
<b>D Total Expenditures &amp; Commitments</b>							<b>\$8,932.83</b>
<b>E Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)</b>							<b>\$0.00</b>
<b>F Approved Budget 2014-2015</b>							<b>\$37,000.00</b>
<b>G Balance of Budget</b>							<b>\$28,067.17</b>

Reporting Month:	SEPTEMBER
NC Name:	Glassell Park

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$4,260.60		\$4,260.60	\$1,562.88	\$2,697.72

MONTHLY BUDGETARY ANALYSIS					
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	Total Spent in Prior Months (C)	Unspent Budget Balance (D) = A - B - C
100	Operations	\$16,300.00	\$952.88	\$402.97	\$14,944.15
200	Outreach	\$14,500.00	\$610.00	\$6,668.48	\$7,221.52
300	Community Improvement	\$3,100.00	\$0.00		\$3,100.00
400	NPG	\$3,100.00	\$0.00		\$3,100.00
500	Elections	\$0.00	\$0.00	\$298.50	-\$298.50
900	Unallocated	\$0.00	\$0.00		\$0.00
	<b>TOTAL</b>	<b>\$37,000.00</b>	<b>\$1,562.88</b>	<b>\$7,369.95</b>	<b>\$28,067.17</b>

**NEIGHBORHOOD COUNCIL DECLARATION**

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request.

Treasurer Signature		Signer's Signature	
Print Name	Andre Sahakian	Print Name	Molly Taylor
Date		Date	
NC Additional Comments			

Revision Date 1-26-15

Reporting Month:	SEPTEMBER
NC Name:	Glassell Park

ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it)								
A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL	
13								
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35								
36	<b>SUBTOTAL: Expenditures by Line Item</b>							<b>\$0.00</b>

Revision Date 1-26-15

Headquarters Mailing Address:

**ANDY GUMP INC.**

26954 Ruether Ave.

Santa Clarita, CA 91351

800-992-7755 FAX (661)251-7729



Page: 1  
**INVOICE #** INV251717  
**Order #** C75873

**Location Code:** SC-TP

<b>Bill To:</b>	C82319 GLASSELL PARK NC 3750 VERDUGO RD LOS ANGELES, CA 90065	<b>Ship To:</b>	4051 EAGLE ROCK BLVD  LOS ANGELES, CA 90065 <b>Cross Street:</b> AVENUE 41 & 40	<b>Job Number:</b>	
<b>Phone:</b>	323-256-4762	<b>Job Contact:</b>		<b>Map Page:</b>	LA594-H1
<b>Cell Phone:</b>		<b>Job Phone:</b>	323-788-1323	<b>Tract #:</b>	
				<b>Lot #:</b>	

<b>ORDERED BY</b> MAGGIE	<b>PURCHASE ORDER #</b> EMAIL INV'S	<b>TERMS</b> Payable on Receipt	<b>Andy Gump Representative</b> AMANDA	<b>DATE</b> 10/24/14
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Item No.	QTY	Description	Start Date	End Date	Days Billed	Billing Rate	Total
100-0100	1	100A OH MAIN ON A 25' BLK <> RENT	10/23/14	11/19/14	28	50.00/M	50.00

**PLEASE CALL FOR PICK UP OF EQUIPMENT.METER MUST BE DE-ENERGIZED BY DWP PRIOR TO REMOVAL OF MAIN**

Subtotal:	50.00
Damage Waiver	0.00
Total Sales Tax:	0.00

\*\*\*Timely payment will insure uninterrupted service.\*\*\*  
 Late Payment Fee is 1.5% of Past Due Amount, \$2.00 Minimum

**Total: 50.00**

**PLEASE RETURN ONE COPY WITH REMITTANCE WHICH IS DUE UPON RECEIPT**

**Pay Online at**  
[www.andygump.com](http://www.andygump.com)  
 Mastercard, VISA, and  
 Discover Card Accepted

Or REMIT TO:  
**ANDY GUMP, INC.**  
 26954 Ruether Avenue  
 Santa Clarita, CA 91351  
 800-992-7755

**Customer #:** C82319  
**Name:** GLASSELL PARK NC  
**Order #:** C75873  
**Job Address:** 4051 EAGLE ROCK BLVD  
**Invoice #:** INV251717  
**Amount:** 50.00

For billing questions email us  
 at [Billing@andygump.com](mailto:Billing@andygump.com)

**PORTABLE RESTROOM SERVICE / PUMPING LABOR IS PROVIDED AT THE OPTION OF THE LESSEE**

Headquarters Mailing Address:

**ANDY GUMP INC.**

26954 Ruether Ave.

Santa Clarita, CA 91351

800-992-7755 FAX (661)251-7729



**INVOICE #** INV256710  
**Order #** C75873

**Location Code:** SC-TP

**Bill To:** C82319  
GLASSELL PARK NC  
3750 VERDUGO RD  
LOS ANGELES, CA 90065

**Ship To:** 4051 EAGLE ROCK BLVD  
LOS ANGELES, CA 90065

**Job Number:**  
**Map Page:** LA594-H1  
**Tract #:**  
**Lot #:**

**Phone:** 323-256-4762  
**Cell Phone:**

**Cross Street:** AVENUE 41 & 40  
**Job Contact:**  
**Job Phone:** 323-788-1323

<b>ORDERED BY</b> MAGGIE	<b>PURCHASE ORDER #</b> EMAIL INV'S	<b>TERMS</b> Payable on Receipt	<b>Andy Gump Representative</b> AMANDA	<b>DATE</b> 11/20/14
-----------------------------	--	------------------------------------	---	-------------------------

Item No.	QTY	Description	Start Date	End Date	Days Billed	Billing Rate	Total
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**PLEASE CALL FOR PICK UP OF EQUIPMENT.METER MUST BE DE-ENERGIZED BY DWP PRIOR TO REMOVAL OF MAIN**

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Treasurer Signature		Signer's Signature	
Print Name	Andre Sahakian	Print Name	Molly Taylor
Date		Date	
NC Additional Comments			

Revision Date 1-26-15

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35								
36	<b>SUBTOTAL: Expenditures by Line Item</b>							<b>\$0.00</b>

Revision Date 1-26-15





Employment Services

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

CITY OF LOS ANGELES

Attn: Accounts Payable

GLASSELL PARK NC

200 N. Spring Street Room 2005

LOS ANGELES, CA 90012

Invoice

Customer No: 00950101

Site No: 0040

Period Ending: Multiple

Invoice Date: 06/30/2014

Invoice No: S2525599

Amount Due: \$242.55

Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	Tax	Amount	State	Office	
HARGROVE, KENNETH		06/21/2014	06/25/2014	01-3286840	2.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$46.20	CA	1002	
HARGROVE, KENNETH		06/28/2014	06/30/2014	01-3293480	8.50	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$196.35	CA	1002	
<b>Grand Total Invoice Amount</b>															<b>\$242.55</b>		

Please remit payment to: AppleOne Employment Services

P.O. Box 29048

Glendale, CA 91209-9048

To serial No



PJ163193

Client Verification	
Company Name:	<b>City of Los Angeles D.O.N.E.</b>
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	<b>City of Los Angeles D.O.N.E.   002</b>
Client Signature:	

Week Ending	0	6	2	8	1	4	Assignment Completed	Yes	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name (Print): **Hargrove, Kenneth**

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON	19	0	21	30			2	30					
TUE													
WED	8	0	12	0			4	0					
THUR													
FRI													
SAT	15	0	17	0			2	0					
<b>Total Hours &amp; Minutes Worked This Week</b>							8	30	0	0	0	0	
Office Use Only:													
Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

03842

*[Handwritten initials]*

Social Security Number	*	*	*	*	*	3	5	8	7
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature					Date				
Dept. / Cost Center				Project					
Supervisor's Name						Supervisor's Phone #			
Box1			Box2						
Box3			Box4						
Office Use Only: Total Hours:									

City & State where services were performed City & State of Residence

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.

**Domonique Passarello - 1002**

---

**From:** Bradley .... [ebebradley@hotmail.com]  
**Sent:** Monday, June 30, 2014 3:20 PM  
**To:** Domonique Passarello - 1002  
**Subject:** Re: Kenny Hargrove's Timecard WE 6/28/14-Requesting Approval  
Got it! Approved!!

On Jun 30, 2014 3:18 PM, Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)> wrote:  
Good afternoon Bradley,

Per our discussion, please reply with "approved" for our records. We will process his timecard today.

Thank you for your assistance.

**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

**appleone**

An ACT-1 Group company

*Our Mission is to find, to understand and to fulfill the needs of another.*



I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:

The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

6/30/2014

# appleone Time Sheet

CORPORATE COPY



Client Verification

Company Name: City of LA DAVE - Glassell Park

Total Hours Worked (In Numbers): \_\_\_\_\_ Total Hours Worked (In Words): \_\_\_\_\_

The undersigned is an authorized representative of the above company and certifies that the employee worked the hours indicated with services performed satisfactorily. The undersigned has read and agrees to the Conditions of Service on both sides of this form except where a condition is superseded by a contractual agreement.

Client Name and Title: See attachment

(Please Print) \_\_\_\_\_

Client Signature: \_\_\_\_\_

Week Ending Saturday: 06/21/14

Assignment Completed:  Yes\*  No

\*If yes, call your office.

Employee Name (Print): Kenny Hararove

COMPLETE SS# IN ALL BOXES IN BLACK PEN ONLY

Social Security Number: [REDACTED] 3587

I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of the Company and it is my responsibility to contact the Company for reassignment. Provided that: (a) I have submitted this timecard for all hours worked in the previous week, (b) timecard is approved by CLIENT and (c) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless: (1) the Company notifies me that I am not available for reassignment and I have been discharged, or (2) I notify the Company that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify the Company if I provide my services to this client as an employee or contractor or as an employee of any other temporary or contracting service. I CONFIRM I WAS ALLOWED TO AND DID TAKE MEAL/REST BREAKS IN ACCORDANCE TO THE LAW IN THE STATE OF MY EMPLOYMENT, (IF DENIED ANY APPLICABLE MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)

	Start Time Hour Min	Finish Time Hour Min	Less Lunch Hours Min	Total Reg. Hours Min	Total O.T. Hours Min	Total Double Hours Min	O.T. Approval
Sun							
Mon							
Tue	<u>7pm</u>	<u>9pm</u>		<u>2:00</u>			
Wed							
Thu							
Fri							
Sat							
<b>Total Hours &amp; Minutes Worked This Week</b>				<u>2:00</u>	<u>/</u>		
Office Use Only: Hours & Minutes Converted to Nearest Minute							
Corporate Use Only:				<u>7'</u>			

Employee Signature: [Signature] Date: June 20/14

Project: Glassell Park Neighborhood Council

Supervisor Name: BC Aley Supervisor Phone: \_\_\_\_\_

Box 1: \_\_\_\_\_ Box 2: \_\_\_\_\_

Office Use Only:  
Total Hours: \_\_\_\_\_

City & State where services were performed: Los Angeles, CA City & State of residence: Los Angeles, CA

## Placement # 83842

**Domonique Passarello - 1002**

---

**From:** Bradley [Bradley@ebeassociates.com]  
**Sent:** Saturday, June 21, 2014 7:21 AM  
**To:** Domonique Passarello - 1002  
**Cc:** kennyhargrove@yahoo.com  
**Subject:** RE: Kenny Hargrove's Timecard for WE 6/21/14

Approved! Thanks goes to Kenny for remaining a stalwart Minute Note-Taker. Enjoy your weekend. B

---

**From:** Domonique Passarello - 1002 [mailto:dpassarello@appleone.com]  
**Sent:** Friday, June 20, 2014 4:49 PM  
**To:** bradley@ebeassociates.com  
**Cc:** kennyhargrove@yahoo.com  
**Subject:** Kenny Hargrove's Timecard for WE 6/21/14

Good afternoon Bradley,

Attached is Kenny Hargrove's timecard for WE 6/21/14. Please reply with "approved".  
**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

**appleone**

An ACT-1 Group company

*Our Mission is to find, to understand and to fulfill the needs of another.*



I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:  
The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

6/23/2014



Employment Services

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

**CITY OF LOS ANGELES**

Attn: Accounts Payable

GLASSELL PARK NC

200 N. Spring Street Room 2005

LOS ANGELES, CA 90012

Invoice

Customer No: 00950101

Site No: 0040

Period Ending: Multiple

Invoice Date: 07/30/2014

Invoice No: S2566965

Amount Due: \$121.28

Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	Tax	Amount	State	Office	
HARGROVE, KENNETH		07/19/2014	07/30/2014	01-3328913	3.25	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$75.08	CA	1002	
HARGROVE, KENNETH		07/26/2014	07/30/2014	01-3328914	2.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$46.20	CA	1002	
<b>Grand Total Invoice Amount</b>															<b>\$121.28</b>		

Please remit payment to: **AppleOne Employment Services**

**P.O. Box 29048**

**Glendale, CA 91209-9048**



Client Verification	
Company Name:	<b>City of Los Angeles D.O.N.E.</b>
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	<b>City of Los Angeles D.O.N.E.   002</b>
Client Signature:	

Week Ending	0	7	2	6	1	4	Assignment Completed	Yes *	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name (Print): **Hargrove, Kenneth**

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON													
TUE													
WED													
THUR	10	0	12	0			2	0					
FRI													
SAT	9	0	15	30			6	30					
<b>Total Hours &amp; Minutes Worked This Week</b>							8	30	0	0	0	0	
Office Use Only: Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	3	5	8	7
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature					Date				
Dept. / Cost Center				Project					
Supervisor's Name						Supervisor's Phone #			
Box1			Box2						
Box3			Box4						
Office Use Only: Total Hours:									

City & State where services were performed \_\_\_\_\_ City & State of Residence \_\_\_\_\_

*PC# 838412*  
*Client approved 2 hrs*

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.

**Domonique Passarello - 1002**

---

**From:** GPNC Molly Taylor [gp.mollytaylor@gmail.com]  
**Sent:** Tuesday, July 29, 2014 11:34 AM  
**To:** Domonique Passarello - 1002  
**Cc:** Lisette Covarrubias  
**Subject:** Re: Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval  
Hi Domonique:

Per our conversation, I am going to approve the time sheet for the time spent at the meetings but I have no way to approve time spent outside of the meetings at AppleOne.

The agreement to edit / process minutes outside of a meeting was made before my tenure and the hours were completed at your offices; I just do not feel comfortable agreeing to something that I had no knowledge. I will defer to AppleOne to review the 6.30 hours outside of the meetings, we may need to loop in our past Chairperson since she was party to the agreement on how minutes should be processed outside a meeting.

I do have some concerns about the amount of time is spent editing minutes for the NC outside of a meeting. Per our conversation this morning, I understand that this has been the practice for Glassell Park in the past. Going forward we as a board will need to have a conversation about how we want our minutes edited or not. I will keep you in the loop.

Thank you and please let me know if you have any questions.  
Molly Lynn Taylor

On Jul 29, 2014, at 8:17 AM, Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)> wrote:

Good morning,

Attached are Kenny's timecards for both weeks. Please reply with "approved" or you can also go online to approve the timecard at [myappleone.com](http://myappleone.com). Our payroll deadline is 12noon today.

Thank you for your assistance.

**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

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7/29/2014





I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:

The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

---

**From:** GPNC Molly Taylor [<mailto:gp.mollytaylor@gmail.com>]  
**Sent:** Monday, July 28, 2014 9:45 PM  
**To:** kenny hargrove; Domonique Passarello - 1002  
**Cc:** [adevera9@roadrunner.com](mailto:adevera9@roadrunner.com)  
**Subject:** Re: Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval

Hello.

I don't see an attachment, and don't have login details. Please provide either or both and I will take a look for the meeting on 7/26. I have cc'd Ruby on our email as well, and she can verify timecard for 7/19. I will take care of it right away, but need to be able to see the timecard to review.

Thank you.  
Molly Taylor

On Jul 28, 2014, at 9:14 PM, kenny hargrove <[kennyhargrove@yahoo.com](mailto:kennyhargrove@yahoo.com)> wrote:

hello domonique!

---

**From:** Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)>  
**To:** [mollytaylor@gmail.com](mailto:mollytaylor@gmail.com)  
**Cc:** kenny hargrove <[kennyhargrove@yahoo.com](mailto:kennyhargrove@yahoo.com)>  
**Sent:** Monday, July 28, 2014 6:51 PM  
**Subject:** Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval

Good afternoon Molly,

Attached are Kenny's timecard for week endings 7/19/14 and 7/26/14. Please reply with "approved" or you can also go online to approve the timecard @ [myappleone.com](http://myappleone.com) (see attached instructions). Our payroll deadline is Tuesday, July 29th @ 12noon.

Please let me know if you have any questions @ 213-892-0234.  
**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
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<twitterlogo.bmp><FBlogo.bmp><LinkedInlogo.bmp><a1\_sig.jpg><Kenny Hargrove TC-Molly WE 7-26-14-Need Client Approval.pdf><Kenny Hargrove TC-Molly WE 7-19-14-Need Client Approval.pdf>



Client Verification	
Company Name:	<b>City of Los Angeles D.O.N.E.</b>
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	<b>City of Los Angeles D.O.N.E.   002</b>
Client Signature:	

Week Ending	0	7	1	9	1	4	Assignment Completed	Yes *	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name (Print): **Hargrove, Kenneth**

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON													
TUE	19	0	22	15			3	15					
WED													
THUR													
FRI													
SAT													
<b>Total Hours &amp; Minutes Worked This Week</b>							3	15	0	0	0	0	
Office Use Only:							3	25					
Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	3	5	8	7
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT, (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature								Date	
Dept. / Cost Center						Project			
Supervisor's Name							Supervisor's Phone #		
Box1				Box2					
Box3				Box4					
Office Use Only: Total Hours:									

RC # 83812

City & State where services were performed \_\_\_\_\_ City & State of Residence \_\_\_\_\_

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**Domonique Passarello - 1002**

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AppleOne Los Angeles  
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w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

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7/29/2014



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**Sent:** Monday, July 28, 2014 9:45 PM  
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**Cc:** [adevera9@roadrunner.com](mailto:adevera9@roadrunner.com)  
**Subject:** Re: Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval

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**From:** Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)>  
**To:** [mollytaylor@gmail.com](mailto:mollytaylor@gmail.com)  
**Cc:** kenny hargrove <[kennyhargrove@yahoo.com](mailto:kennyhargrove@yahoo.com)>  
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AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)



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<twitterlogo.bmp><FBlogo.bmp><LinkedInlogo.bmp><a1\_sig.jpg><Kenny Hargrove TC-Molly WE 7-26-14-Need Client Approval.pdf><Kenny Hargrove TC-Molly WE 7-19-14-Need Client Approval.pdf>



**CITY OF LOS ANGELES**

Invoice

Employment Services

Attn: Accounts Payable

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

GLASSELL PARK NC  
200 N. Spring Street Room 2005  
LOS ANGELES, CA 90012

Customer No: 00950101  
Site No: 0040  
Period Ending: Multiple  
Invoice Date: 09/03/2014  
Invoice No: S2607448  
Amount Due: \$334.95  
Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	Tax	Amount	State	Office	
	HARGROVE, KENNETH	07/26/2014	08/13/2014	01-3340105	6.50	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$150.15	CA	1002	
	POLLOCK, FRANCES	08/30/2014	09/03/2014	01-3359510	8.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$184.80	CA	1002	
<b>Grand Total Invoice Amount</b>															<b>\$334.95</b>		

Please remit payment to: **AppleOne Employment Services**  
**P.O. Box 29048**  
**Glendale, CA 91209-9048**

Client Verification	
Company Name:	<b>City of Los Angeles D.O.N.E.</b>
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	<b>City of Los Angeles D.O.N.E.   002</b>
Client Signature:	



Week Ending	0	7	2	6	1	4	Assignment Completed	Yes *	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name **Hargrove, Kenneth**  
(Print):

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON													
TUE													
WED													
THUR	10	0	12	0			2	0					
FRI													
SAT	9	0	15	30			6	30					
<b>Total Hours &amp; Minutes Worked This Week</b>							8	30	0	0	0	0	
Office Use Only:													
Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

*RC# 83842* *6:30 hrs*

Social Security Number	*	*	*	*	*	3	5	8	7
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-8120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature								Date	
Dept. / Cost Center					Project				
Supervisor's Name							Supervisor's Phone #		
Box1				Box2					
Box3				Box4					
Office Use Only: Total Hours:									

City & State where services were performed \_\_\_\_\_ City & State of Residence \_\_\_\_\_

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.



**Domonique Passarello - 1002**

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**From:** GPNC Molly Taylor [gp.mollytaylor@gmail.com]  
**Sent:** Thursday, August 07, 2014 3:23 PM  
**To:** Domonique Passarello - 1002  
**Cc:** Kathleen Quinn; GPNC Molly Taylor  
**Subject:** Re: Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval  
APPROVED

On Jul 29, 2014, at 8:17 AM, Domonique Passarello - 1002  
<[dpassarello@appleone.com](mailto:dpassarello@appleone.com)> wrote:

Good morning,

Attached are Kenny's timecards for both weeks. Please reply with "approved" or you can also go online to approve the timecard at [myappleone.com](http://myappleone.com). Our payroll deadline is 12noon today.

Thank you for your assistance.

**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

**appleone**  
An ACT•1 Group company  
*Our Mission is to find, to understand and to fulfill the needs of another.*



I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:

The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

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**From:** GPNC Molly Taylor [<mailto:gp.mollytaylor@gmail.com>]  
**Sent:** Monday, July 28, 2014 9:45 PM  
**To:** kenny hargrove; Domonique Passarello - 1002  
**Cc:** [adevera9@roadrunner.com](mailto:adevera9@roadrunner.com)  
**Subject:** Re: Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval

8/7/2014

Hello.

I don't see an attachment, and don't have login details. Please provide either or both and I will take a look for the meeting on 7/26. I have cc'd Ruby on our email as well, and she can verify timecard for 7/19. I will take care of it right away, but need to be able to see the timecard to review.

Thank you.  
Molly Taylor

On Jul 28, 2014, at 9:14 PM, kenny hargrove <[kennyhargrove@yahoo.com](mailto:kennyhargrove@yahoo.com)> wrote:

hello domonique!

---

**From:** Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)>  
**To:** [mollytaylor@gmail.com](mailto:mollytaylor@gmail.com)  
**Cc:** kenny hargrove <[kennyhargrove@yahoo.com](mailto:kennyhargrove@yahoo.com)>  
**Sent:** Monday, July 28, 2014 6:51 PM  
**Subject:** Kenny Hargrove TC WE 7/19/14 and WE 7/26/14-Requesting Approval

Good afternoon Molly,

Attached are Kenny's timecard for week endings 7/19/14 and 7/26/14. Please reply with "approved" or you can also go online to approve the timecard @ [myappleone.com](http://myappleone.com) (see attached instructions). Our payroll deadline is Tuesday, July 29th @ 12noon.

Please let me know if you have any questions @ 213-892-0234.  
**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

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I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:

The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

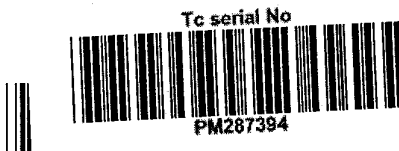
<twitterlogo.bmp><FBlogo.bmp><LinkedInlogo.bmp><a1\_sig.jpg><Kenny

8/7/2014

Hargrove TC-Molly WE 7-26-14-Need Client Approval.pdf><Kenny  
Hargrove TC-Molly WE 7-19-14-Need Client Approval.pdf>

<LinkedInlogo.bmp><a1\_sig.jpg><twitterlogo.bmp><FBlogo.bmp>

Tc serial No



Client Verification	
Company Name:	City of Los Angeles D.O.N.E.
Total Hours Worked (In Numbers):	Total Hours Worked (In Words):
I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.	
Client Name and Title (Please Print)	City of Los Angeles D.O.N.E.   002
Client Signature:	<i>See Attached</i>

Week Ending	0	8	3	0	1	4	Assignment Completed	Yes	No
Saturday	Month	Day	Year	If yes, call your office.					

Employee name (Print): **Pollock, Frances**

	Start Time		Finish time		Less Lunch		Total Reg		Total O.T.		Total Double		OT Approval
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	
SUN													
MON													
TUE													
WED	18	15	21	0			2	45					
THUR													
FRI													
SAT	15	0	19	45			4	45					
<b>Total Hours &amp; Minutes Worked This Week</b>							7	30	0	0	0	0	
Office Use Only: Hours & Minutes Converted to Nearest Minute													
Corporate Use Only:													

Social Security Number	*	*	*	*	*	5	7	4	2
I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as an employee of AppleOne and it is my responsibility to contact the Company for reassignment. Provided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) it is received by the local branch by the prescribed deadline, I agree that as an hourly employee, I will be paid for my services on the Friday of the week following the week covered by this timecard even if my assignment ends prior to that date, unless (1) AppleOne notifies me that I am not available for reassignment and I have been discharged, or (2) I notify AppleOne that I have resigned and do not wish to be reassigned, in which event I will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next scheduled pay date. I agree for a period of six (6) months after completion of my current assignment with the client identified on this time card, that I will immediately notify AppleOne if I provide my services to this client as an employee or contractor or as an employee of any other temporary or outsourcing service. I CONFIRM I WAS ALLOWED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DENIED ANY MEAL/REST BREAK, CONTACT (800) 270-9120 IMMEDIATELY TO REPORT VIOLATION.)									
Employee Signature					Date				
Dept. / Cost Center					Project				
Supervisor's Name					Supervisor's Phone #				
Box1			Box2						
Box3			Box4						
Office Use Only: Total Hours:									

PC# 81433

*A.S*

City & State where services were performed City & State of Residence

I have read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where CLIENT so acted with the prior written consent of COMPANY. CLIENT understands that criminal and drug screening services are available for an additional fee and must be agreed to in writing by both CLIENT and COMPANY. CLIENT or CLIENT's employees shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if a waiver is obtained in writing from a COMPANY officer. COMPANY employees are not supervised by COMPANY; they are subject at all times to CLIENT's direct and indirect supervision. CLIENT agrees to defend, indemnify and hold harmless COMPANY from any claims for bodily injury including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees.
- CLIENT agrees to comply with state and federal civil rights laws, and other employment-related laws, including meal/rest break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall have in place at all times an ongoing safety program, in compliance with all laws and ordinances related to employees safety. CLIENT agrees to indemnify, defend and hold harmless COMPANY for claims, damages or penalties arising out of violations of the Occupational Safety and Health Act of 1970, or any similar state law with respect to workplaces owned, leased or supervised by CLIENT, and to which COMPANY employees are assigned.
- CLIENT understands COMPANY's employees are assigned to CLIENT to render temporary service and, absent agreement to the contrary, are not assigned to become employed by CLIENT. CLIENT acknowledges the considerable expense incurred by COMPANY to advertise, recruit, evaluate, train and quality control its employees. Accordingly, CLIENT will not without the written consent of COMPANY management, hire a COMPANY employee, interfere with the employment relationship between COMPANY and its employees, or directly or indirectly cause a COMPANY employee to transfer to another temporary help service. The COMPANY employee has been referred to CLIENT on a temporary basis while seeking direct hire employment through COMPANY. If CLIENT either directly or indirectly, such as through any company within CLIENT's control, solicits, or offers employment to, and/or hires this person as an employee or consultant or utilizes this person's services through another temporary or outsourcing service within six (6) months after termination of this person's temporary assignment with COMPANY at CLIENT, CLIENT agrees to pay COMPANY a conversion fee in accordance with the COMPANY's standard direct hire placement fee, stipulated at 1% per \$1,000 of the employee's annualized wage or salary, up to a maximum fee of 30%. (Example: For a \$21,000 annual salary the fee would be computed as follows: 1% x 21 (the # of \$1,000's in \$21,000) x \$21,000 = \$4,410 fee). CLIENT FULLY UNDERSTANDS THIS FEE CALCULATION AND WILL ASK COMPANY'S REPRESENTATIVE TO EXPLAIN IT IF UNSURE. CLIENT will not reassign or relocate a COMPANY employee without prior written approval of COMPANY. CLIENT agrees to assume all liability for any third party claim, arising after any reassignment/relocation without prior approval of COMPANY.
- This Agreement shall be governed by the laws of the State of California. Any legal matters concerning this Agreement, or the CLIENT's and COMPANY's rights or obligations pursuant hereto, shall be instituted at the Los Angeles County Superior Court or any other location at the discretion of the COMPANY. CLIENT waives any rights it may have to a change of venue. In the event that any party commences any legal or equitable action or other proceeding, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any other relief to which the party may be entitled.
- CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the invoice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's fees for cost of collection.

**Domonique Passarello - 1002**

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**From:** Molly Lynn Taylor [mollylynnntaylor@gmail.com]  
**Sent:** Tuesday, September 02, 2014 10:54 AM  
**To:** Domonique Passarello - 1002  
**Cc:** frances pollock; GPNC  
**Subject:** Re: Frances Pollock's Timecard WE 8/30/14 - Requesting Approval  
Hi, Good Morning!

Please include, Andre Sahakian on the timecard emails.

APPROVED.

Thank you,  
Molly Lynn Taylor

On Sep 2, 2014, at 10:51 AM, Domonique Passarello - 1002 <[dpassarello@appleone.com](mailto:dpassarello@appleone.com)> wrote:

Good morning Molly,

Attached is Frances' timecard for WE 8/30/14. Please reply with "approved" or login online to approve the timecard online. Our payroll deadline is 4pm today.

Please let me know if you have any questions @ 213-892-0234.

Thank you for your assistance. Hope you had a great weekend.

**Thank you and have a great day.**

**Sincerely,**

**Domonique Passarello**  
Staffing Associate  
AppleOne Los Angeles  
725 S. Figueroa Street | Los Angeles, CA 90017  
w: 213-787-8506  
[dpassarello@appleone.com](mailto:dpassarello@appleone.com)

**appleone**

An ACT•1 Group company

*Our Mission is to find, to understand and to fulfill the needs of another.*



I respect the value of your time. If you'd prefer not to receive e-mail messages like this from me, please let me know or contact:

The Act-1 Group, 327 West Broadway, P.O. Box 29048, Glendale, CA 91209-9048

9/2/2014



**CITY OF LOS ANGELES**

**Invoice**

Employment Services

Attn: Accounts Payable

AppleOne Employment Services

GLASSELL PARK NC

P.O. Box 29048

200 N. Spring Street Room 2005

Glendale CA 91209-9048

LOS ANGELES, CA 90012

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

Customer No: 00950101

Site No: 0040

Period Ending: October 2014

Invoice Date: 10/31/2014

Invoice No: S2656269

Amount Due: \$184.80

Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	Tax	Amount	State	Office
	POLLOCK FRANCES		09/20/2014	09/24/2014	01-3381653	8.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$184.80	CA	1002

Grand Total Invoice Amount **\$184.80**

Please remit payment to: **AppleOne Employment Services**

**P.O. Box 29048**

**Glendale, CA 91209-9048**

*Handwritten initials and scribbles*

*10/16/14*

**RECEIVED**

I certify that the materials, supplies or services covered by this bill were received and/or verified by signed receipt on 10/16/14 in compliance with the contract terms.

**DECLARATION OF COMPLIANCE**  
on Living Wages and/or Equal Benefits Ordinance is on file, if applicable.

**INSURANCE VERIFICATION**  
I certify that evidence of approved insurance is on file in the City Attorney's Office, if applicable.

Signature: [Signature] Date: 10/16/14

2014 OCT 10 A 9:01  
ADMIN. SUPPORT SVCS.  
DONE

*Handwritten signature*

Submitted by Associate : Frances Pollock#6470 WZZZ2014 1:28:14 AM

**Client Verification**  
 Company Name: **City of Los Angeles D.O.N.E.**  
 Total Hours Worked (in Numbers): Total Hours Worked (in Words):  
 I am an authorized representative of City of Los Angeles D.O.N.E. and certify that the employee(s) worked the hours indicated with services performed satisfactorily.  
 Client Name and Title: **City of Los Angeles D.O.N.E. | 002**  
 (Please Print)  
 Client Signature: *Frances Pollock*

Start Time	Finish time	Leave Lunch	Total Log	Total O.T.	Total	OT
Hour	Minute	Hour	Hour	Hour	Hour	Hour
SUN						
MON						
TUE	0 22	0	3	0		
WED						
THUR						
FRI						
SAT	10 0	15 0	5	0		
Total Hours & Minutes Worked This Week:			8	0	0	0
Office Use Only:						
Hours & Minutes Computed to nearest Minutes:						
Corporate Use Only:						

TRC# 011003

**To print No**

Week Ending	0	9	2	0	1	4	Assignment Completed	Yes	No	
Saturday	Month	Day	Year			If yes, call your office.				
Employee name	Pollock, Frances									
(Print)										

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Supervisor's Phone #** \_\_\_\_\_

**City & State where services were performed** \_\_\_\_\_ **City & State of Residence** \_\_\_\_\_



I have read and agreed to the condition of service as follows except where a condition is superseded by a contractual agreement with Applicant (COMPANY):

1. CLIENT will not subject COMPANY employees with the use, touch, or control of firearms, custody or control of cash, irrefragable securities or other items of value to any employee of COMPANY. COMPANY shall have the right to be informed of any confidential source codes, or be permitted unaccompanied access to confidential information, unless authorized in writing by COMPANY. COMPANY shall have the right to be informed of any confidential source codes, or be permitted unaccompanied access to confidential information, unless authorized in writing by COMPANY. CLIENT or COMPANY employees shall not pay COMPANY employees directly or indirectly any funds to them.
2. COMPANY employees are not permitted to operate machinery or drive any powered vehicle (including forklifts, trucks, tractors, etc.) while performing their duties for CLIENT. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.
3. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.
4. CLIENT agrees to comply with all laws and ordinances relating to work with all lead and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.
5. CLIENT agrees to comply with all laws and ordinances relating to work with all lead and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.
6. CLIENT agrees to comply with all laws and ordinances relating to work with all lead and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.
7. CLIENT agrees to comply with all laws and ordinances relating to work with all lead and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle. COMPANY shall be responsible for the safe operation of any such machinery or vehicle.

Reference ID: 3780181



**CITY OF LOS ANGELES**

**Invoice**

Employment Services

Attn: Accounts Payable

AppleOne Employment Services

GLASSELL PARK NC

P.O. Box 29048

200 N. Spring Street Room 2005

Glendale CA 91209-9048

LOS ANGELES, CA 90012

Tel: 818-240-8688

Customer No: 00950101  
Site No: 0040  
Period Ending: 11/22/2014

Email: specialbillings@ain1.com

Invoice Date: 11/26/2014  
Invoice No: S2737195

TIN: 95-2580864

Amount Due: \$69.30

Payment Term: NET 30 DAYS

Supervisor	Name	Weekend	Inv Date	Ref Inv No	Reg Hr	Reg Rate	OT Hr	OT Rate	DT Hr	DT Rate	Misc Hr	Misc Rate	Tax	Amount	State	Office	
	WILLIAMS, AMBER	11/22/2014	11/26/2014	01-3454810	3.00	\$23.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	\$69.30	CA	1002	
<b>Grand Total Invoice Amount</b>															<b>\$69.30</b>		

Please remit payment to: AppleOne Employment Services

P.O. Box 29048  
Glendale, CA 91209-9048







Invoice #GPNC 2014 1117  
Number

Date November 17, 2014

Mr. Andre Sahakian  
Treasurer  
Glassell Park Neighborhood Council  
3750 N. Verdugo Road  
Los Angeles, CA 90065

Please remit to:

Wendy L. Moore  
Moore Business Results  
19300 Rinaldi St. #7164  
Northridge, CA 91327

818 252-9399  
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Stakeholder communications services as detailed: website, social media & email. October/November 2014. 5.1 hours @ \$100/hour	\$510
Total Amount Due:	<b>\$510</b>

Date	Details	Hours
10/10/2014	2 events on calendar.	0.17
10/17/2014	Archive article. Agenda on agendas and meeting article. Eblast and FB.	0.50
10/20/2014	Select photos and begin article on clean up with photo gallery.	0.33
10/21/2014	Finish creating photo gallery article of clean up.	0.17
10/22/2014	Change board page adding secretary.	0.17
10/29/2014	Committees page. Set up 3 forwarding committee email addresses. Bylaws committee agenda on site. Meeting on calendar & FB. Request minutes, standing rules, exec agenda. Begin eblast draft. Add contacts to mailchimp.	1.00
10/30/2014	Exec agenda packet on site and FB. Blast draft. Revise bylaws agenda fonts and fb post. Update committee page.	0.75
10/30/2014	Revise supporting docs file. Add to FB. Update eblast with docs and street blitz.	0.17
10/30/2014	Single space numbered lists	0.17
11/11/2014	Change LU agenda to 12 pt for public notice and post. Combine board meeting pdf docs. Add to agendas page. Meeting article. Eblast draft. Update eblast. Add agenda links to FB. Update LU on calendar.	1.50
11/17/2014	Editor access for Marge. Draft of eblast to resend.	0.17
		5.10