

# Monthly Expenditure Report



Reporting Month: March 2022

Budget Fiscal Year: 2021-2022

NC Name: Bel Air-Beverly Crest  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$25038.46	\$4981.01	\$20057.45	\$0.00	\$3813.65	\$16243.80

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31450.00	\$4981.01	\$10592.33	\$0.00	\$10592.33
Outreach		\$0.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$550.00	\$0.00	\$550.00	\$0.00	\$550.00
Funding Requests Under Review: \$3813.65		Encumbrances: \$0.00		Previous Expenditures: \$15876.66	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	03/02/2022	Google Workspace 03-01-2022 paid Receipt/Invoice.pdf	General Operations Expenditure	Office	\$251.35
2	GoTo GoToConnect	03/10/2022	LogMeIn GoToGo To Connect Receipt/Invoice 03-10-2022.pdf	General Operations Expenditure	Office	\$31.94
3	FRONTIER COMM CORP WEB	03/11/2022	Frontier Receipt and Statement Paid 03-11-2022.pdf	General Operations Expenditure	Office	\$65.98
4	GOOGLE GOOGLE STORAGE	03/19/2022	Google Play Order Receipt from Mar 20, 2022.pdf	General Operations Expenditure	Office	\$19.99
5	LLOYD STAFFING / LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 12/27/2021 through 1/16/2022. Invoice Date: 2/6/2022 Invoice Number: 420954...	General Operations Expenditure	Office	\$1201.85
6	LLOYD STAFFING / LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 1/17/2021 through 2/26/2022. Invoice Date: 2/13/2022 Invoice Number: 421032...	General Operations Expenditure	Office	\$1062.10

7	LLOYD STAFFING / LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 2/7/2022 through 2/20/2022. Invoice Date: 2/20/2022 Invoice Number: 421102 ...	General Operations Expenditure	Office	\$1229.80
8	LLOYD STAFFING / LLOYD STAFFING, INC.	03/18/2022	Payment to Lloyd Staffing for Board Administrator Services for the period of 2/21/2022 through 3/6/2022. Invoice Date: 3/6/2022 Invoice Number: 421250 i...	General Operations Expenditure	Office	\$1118.00
<b>Subtotal:</b>						<b>\$4981.01</b>

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
<b>Subtotal:</b> Outstanding						<b>\$0.00</b>



# Invoice

Invoice number: 4079925696

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

## Bill to

Robert Ringler

Bel Air Beverly Crest Neighborhood Council

PO Box 252007

Los Angeles, CA 90025

United States

## Details

Invoice number .....4079925696

Invoice date .....Feb 28, 2022

Billing ID .....7677-2853-5183

Domain name .....babnc.org

## Google Workspace

Total in USD

**\$251.35**

## Summary for Feb 1, 2022 - Feb 28, 2022

Subtotal in USD

\$251.35

Tax (0%)

\$0.00

Total in USD

\$251.35

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Feb 1 - Feb 3	41	26.35
G Suite Basic	Usage	Feb 4 - Feb 28	42	225.00
Subtotal in USD				\$251.35
Tax (0%)				\$0.00
Total in USD				<b>\$251.35</b>

Need help understanding the charges on your invoice? [Click here for detailed explanations](https://support.google.com/a?p=gsuite-bills-and-charges)

<https://support.google.com/a?p=gsuite-bills-and-charges>





## Payment Receipt

Google LLC  
1600 Amphitheatre Pkwy  
Mountain View, CA 94043  
United States

Payment date	Mar 2, 2022
Billing ID	7677-2853-5183
Payment method	Mastercard **** 9270
Payment number	A66428575672682985

Tax identification number  
77-0493581

Bel Air Beverly Crest Neighborhood Council  
Robert Ringler  
PO Box 252007  
Los Angeles, CA 90025  
United States

Description	
Payment amount	\$251.35



LogMeIn Communications, Inc  
PO BOX 412252  
BOSTON, MA 02241-2252

## INVOICE

Invoice Date 03/01/2022  
Invoice # IN7100979518  
PO #  
Customer ID CN-631494-1701  
Terms **AutoPay Scheduled**  
Due Date 03/16/2022  
Currency US Dollar

### Bill To

BEL AIR BEVERLY CREST NEIGHBORHOOD COUNCIL  
PO BOX 252007  
LOS ANGELES CA 90025

Billing Group	Description	Quantity	Rate	Amount
Primary	GoToConnect - Monthly Service Charge 03/01/2022 - 03/31/2022	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 03/01/2022 - 03/31/2022	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.7	\$2.70
Primary	Universal Service Fee (USF)	1	0.97	\$0.97
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

**Total \$31.94**

Your automatic payment is scheduled to be processed around the 10th of the month

View and Pay your invoices online: <https://my.jive.com/billing>  
Billing Support: <https://support.goto.com/connect/billing-user-guide>

\*With the recent rebrand of Jive, please note that Jive Communications, Inc. has been renamed LogMeIn Communications, Inc. Please review your payment system and if needed, update it to reflect these changes.

\*Certain audio Services are provided by the applicable [LogMeIn affiliate](#) who sets the rates, terms, and conditions for audio services. LogMeIn USA, Inc. presents this invoice and collects on behalf of the applicable LogMeIn affiliate as its agent.

\*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to Jive, GoToConnect, and OpenVoice Services. If you'd like to know more about how LogMeIn currently displays fees on your invoice, please visit [here](#).

\*Connect Bundle is comprised of GoToConnect and GoToMeeting Pro. GoToConnect is provided by LogMeIn Communications, Inc.



## BILLING

[Invoices](#)[Payment Options](#)[Billed Call Details](#)[Accounts](#)

### Invoice Details

Bel Air Beverly Crest Neighborhood Council - CN-631494-1701

[Download Invoice](#)

Invoice IN7100979518

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
<b>March 16, 2022</b>	Paid	March 10, 2022	MasterCard ** 9270 08/2023

PAID

Description	Qty	Rate	Total
GoToConnect - Monthly Service Charge - 03/01/2022 - 03/31/2022	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 03/01/2022 - 03/31/2022	1	\$4.55	\$4.55
State and Local Regulatory Recovery Fee	1	\$2.70	\$2.70
Universal Service Fee (USF)	1	\$0.974	\$0.97
Regulatory Recovery Fee	1	\$1.5067	\$1.51

**Total \$31.94**

**Payments & Credits \$31.94**

**Total Due \$0.00**



CITY OF LOS ANGELES  
**Your Monthly Invoice**

Page 1 of 3

**Account Summary**

<b>New Charges Due Date</b>	<b>3/11/22</b>
Billing Date	2/15/22
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	65.98
Payments Received Thru 2/08/22	-65.98
Thank you for your payment!	
Balance Forward	.00
New Charges	65.98
<b>Total Amount Due</b>	<b>\$65.98</b>



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**Ways to pay your bill**



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**800.801.6652**

TTY: 877.462.6606



**Auto Pay**

[Frontier.com/SignUpForAutopay](https://frontier.com/SignUpForAutopay)



11



P.O. Box 709, South Windsor, CT 06074-9998

----- manifest line -----



CITY OF LOS ANGELES  
P O BOX 252007  
LOS ANGELES, CA 90025

**You are all set with Auto Pay! To review your account, go to [Frontier.com](https://Frontier.com) or MyFrontier Mobile App.**



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

2/15/22

310-231-7288-081418-5

**CURRENT BILLING SUMMARY**

Local Service from 02/15/22 to 03/14/22

Qty Description	310/231-7288.0	Charge
Non Basic Charges		
Internet 6 Dynamic IP		59.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		65.98

**TOTAL 65.98****\*\* ACCOUNT ACTIVITY \*\***

Qty Description	Order Number	Effective Dates	
1 Business High Speed Internet Fee	AUTOCH	2/15	5.99
310/231-7288		<b>Subtotal</b>	<b>5.99</b>
		<b>Subtotal</b>	<b>5.99</b>

**CUSTOMER TALK**

Frontier is committed to keeping customers connected during this difficult time. California residential and small business customers with voice service that are experiencing a financial hardship as a result of COVID-19 may be qualified to defer Frontier payments through February 15, 2022. Please contact us at 1-800-921-8105 to let us know about your change in financial circumstances due to COVID-19 and discuss payment options for voice service. This protection does not apply to broadband or video services which may be subject to disconnection for non-payment. You can also visit [www.frontier.com/resources/covid-19](http://www.frontier.com/resources/covid-19) to learn more about the customer protections Californians may be entitled to. Questions? Contact Customer Service 1-800-921-8105.







Catherine Palmer <council@babenc.org>

## Frontier Auto Pay Payment Confirmation

DoNotReplyFrontierBillPay@billmatrix.com <DoNotReplyFrontierBillPay@billmatrix.com>  
To: COUNCIL@babenc.org

Fri, Mar 11, 2022 at 12:18 AM

# Frontier

Login



**Dear Frontier Customer,**

Your Auto Pay payment was successfully processed on 3/11/2022 for:

Frontier® Account Ending in: \*4185

Payment Account Ending in: \*9270

Confirmation Code: p225DTLTFS

Payment Amount: \$65.98

To review your Auto Pay settings, please [sign into](#) your account.

Thank you,

Your Frontier Team

Please review Payment [Terms and Conditions](#)

Do Not Reply—This email is generated automatically and not monitored for responses.

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([https://frontier.com/offer/youtube-tv?icid=21dec06\\_national\\_myaccount\\_shoptv\\_banner](https://frontier.com/offer/youtube-tv?icid=21dec06_national_myaccount_shoptv_banner))

#### Account Summary

#### Billing

New Charges

\$65.98

Balance Forward ▲

\$0.00

Previous Balance

\$65.98

Payments Received Thru Mar 11, 2022

-\$65.98

Current Balance

New Charges Due Date Apr 8, 2022

**\$65.98**

- ▶ View Current Bill
- ▶ View Payment History
- ▶ Manage Auto Pay

Feedback

Your autopayment will be charged the total amount due on Apr 8, 2022

#### My Services

Internet

Internet 6 Dynamic IP



Chat Live



Catherine Palmer <council@babcnc.org>

## Your Google Play Order Receipt from Mar 20, 2022

**Google Play** <googleplay-noreply@google.com>  
Reply-To: Google Play <googleplay-noreply@google.com>  
To: council@babcnc.org

Sun, Mar 20, 2022 at 3:06 PM



## Thank you

Your subscription from Google on Google Play continues and you've been charged. [Manage your subscriptions](#).

**Order number:** SOP.3315-7658-7364-32087..1

**Order date:** Mar 20, 2022 3:06:21 PM PDT

**Your account:** [council@babcnc.org](mailto:council@babcnc.org)

Item	Price
100 GB (Google Drive) (by Google LLC) Auto-renewing subscription	\$19.99/year
	Tax: \$0.00
	Total: \$19.99/year
<b>Payment method:</b>	Mastercard-9270



By subscribing, you authorize us to charge you the subscription cost (as described above) automatically, charged to the payment method provided until canceled. [Learn how to cancel](#). Keep this for your records.

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View the Google Play [Refund Policy](#) and the [Terms of Service](#).

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Google LLC, [1600 Amphitheatre Pkwy, Mountain View, CA, 94043, United States](#)

Please don't reply to this email, as we are unable to respond from this email address. If you need support, visit the [Google Play Help Center](#).



## M

**Pay by ACH/wire to:**  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

**BILL TO:** Attention of: Vadim Levotman & Travis Longcore  
Bel Air Beverly Crest Nc  
Po Box 252007  
Los Angeles, CA 90025

**Thank you for choosing Lloyd Staffing**

PO#


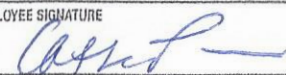

[illegible]

<b>Lloyd<sup>®</sup> STAFFING</b>		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		<b>COMPANY NAME</b> (Please print) <u>BABCOE</u>	
		<b>ADDRESS</b> <u>P.O. Box 252007</u>		<b>TOWN</b> <u>LA</u>	<b>ZIP</b> <u>90025</u>
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	12 27 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	12 28 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	12 29 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	12 30 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	12 31 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1 1 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1 2 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>WEEK ENDING</b> <u>1/2/22</u>		<b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR</b> PLEASE WRITE TOTAL HOURS WORKED HERE <u>7</u>			
<b>INSTRUCTIONS:</b> 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.			<b>IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily.</b> Minimum: 4 hours per employee, per day.		
<b>REPORT TO</b> <u>Travis Longcore</u>		<b>DEPT.</b> <u>Ph.O.</u>		<b>JOB TITLE</b> <u>President</u>	
<b>FIRST TIME AT THIS CLIENT COMPANY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review		I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.			
<b>EMPLOYEE NAME</b> <u>Catherine Palmer</u>			<b>EMPLOYEE SIGNATURE</b> 		
<b>SOCIAL SECURITY NO.</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<b>CLIENT SIGNATURE OF ACCEPTANCE</b> 			<b>PRINT NAME</b> <u>Travis Longcore</u>		
<b>IMPORTANT FOR CLIENT:</b> Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.					
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.					

BACK

<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">EMPLOYEE INFORMATION</p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p><b><u>OVERTIME</u></b></p> <p>You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.</p> <p><b><u>LUNCH</u></b></p> <p>Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.</p> <p><b><u>ABSENCES - LATENESS</u></b></p> <p>Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p><b><u>ON-THE-JOB SAFETY</u></b></p> <p>Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.</p> <p><b><u>TRAINING</u></b></p> <p>You must complete the Training Orientation every time you go to a new assignment.</p>	<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">TERMS &amp; CONDITIONS FOR LLOYD STAFFING</p> <p>I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.</p> <p>LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.</p> <p>I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.</p> <p>Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.</p> <p>Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.</p>
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		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BRABONE</b>	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.		ADDRESS <b>P.O. BOX 252007</b>		TOWN <b>LA</b> P.O. <b>90025</b> ZIP	
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	1 3 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	1 4 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	1 5 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1 6 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1 7 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1 8 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1 9 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING <b>1/9</b>		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		<b>16</b>	
INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.		IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.			
REPORT TO <b>Travis Longcore, Ph.D.</b> DEPT. <b>Ph.D.</b> JOB TITLE <b>Ph.D.</b> WEEK ENDING <b>1/9</b>		FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review			
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME		EMPLOYEE SIGNATURE			
<b>CATHERINE PALMER</b>					
SOCIAL SECURITY NO.					
CLIENT SIGNATURE OF ACCEPTANCE		PRINT NAME			
		<b>Travis Longcore</b>			
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.					
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.					

**BACK**

### EMPLOYEE INFORMATION

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

### OVERTIME

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

### LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

### ABSENCES - LATENESS

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

### ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

### TRAINING

You must complete the Training Orientation every time you go to a new assignment.

### TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.




LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.



		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BABENC</b>	
ADDRESS <b>PO BOX 252007</b>		TOWN <b>LA</b>		P.O. <b>90025</b>	
ZIP <b>90025</b>		REPORT TO <b>TRAVIS LONGCORE Ph.D.</b>		DEPT. <b>Ph.D.</b>	
JOB TITLE <b>Resident</b>		WEEK ENDING <b>1/16</b>		FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)	
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules		<input type="checkbox"/> Policy & Procedure Review	
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME <b>Catherine Palmer</b>		EMPLOYEE SIGNATURE 			
SOCIAL SECURITY NO. [Redacted]					
CLIENT SIGNATURE OF ACCEPTANCE 		PRINT NAME <b>Travis Longcore</b>			
WEEK ENDING <b>1/16</b>		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>20</b>			
INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.		IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.			

**BACK**

<p align="center"><b>EMPLOYEE INFORMATION</b></p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p><b>OVERTIME</b></p> <p>You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.</p> <p><b>LUNCH</b></p> <p>Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.</p> <p><b>ABSENCES - LATENESS</b></p> <p>Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p><b>ON-THE-JOB SAFETY</b></p> <p>Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.</p> <p><b>TRAINING</b></p> <p>You must complete the Training Orientation every time you go to a new assignment.</p>	<p align="center"><b>TERMS &amp; CONDITIONS FOR LLOYD STAFFING</b></p> <p>I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.</p> <p>LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. 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(b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. 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## Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

## Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep.				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep.					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	23	1		6	3	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021





## M

**Pay by ACH/wire to:**  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

**BILL TO:**

PO#

[illegible]



<b>Lloyd<sup>®</sup> STAFFING</b>		<b>HQ: 445 Broadhollow Road</b> <b>Melville, NY 11747, Suite 119</b> <b>Phone: 631-777-7600</b>		<b>COMPANY NAME</b> (Please print) <u>BABCNLC</u>	
		<b>ADDRESS</b> <u>PO Box 252007</u> <b>TOWN</b> <u>LA</u> <b>P.O.</b> <u>90025</u> <b>ZIP</b>			
<b>EMPLOYEE PLEASE COMPLETE -- Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	1 17 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	1 18 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	1 19 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1 20 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1 21 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1 22 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1 23 22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>WEEK ENDING</b> <u>1/23</u>		<b>TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR</b> <b>PLEASE WRITE TOTAL HOURS WORKED HERE</b> <u>12</u>			
<b>INSTRUCTIONS:</b> 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.				<b>IMPORTANT...</b> All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.	
<b>REPORT TO</b> <u>Travis Longcore, Ph.D</u> <b>DEPT.</b> <u>President</u> <b>JOB TITLE</b> <u>1/23</u> <b>WEEK ENDING</b>		<b>FIRST TIME AT THIS CLIENT COMPANY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review			
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<b>EMPLOYEE NAME</b> <u>Catherine Palmer</u>				<b>EMPLOYEE SIGNATURE</b> <u>Catherine Palmer</u>	
<b>SOCIAL SECURITY NO.</b> <u>                    </u>					
<b>CLIENT SIGNATURE OF ACCEPTANCE</b> <u>Travis Longcore</u>				<b>PRINT NAME</b> <u>Travis Longcore</u>	
<b>IMPORTANT FOR CLIENT:</b> Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.					
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.					

BACK

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#### LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

#### ABSENCES - LATENESS

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

#### ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

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<b>LLOYD STAFFING</b>		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>3ABS INC</b>	
		ADDRESS <b>PO Box 252007</b>		TOWN <b>LA</b> ZIP <b>90025</b>	
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	1/24/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
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WED	1/26/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	1/27/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	1/28/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	1/29/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	1/30/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
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FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review					
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BACK

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In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.</p> <p>LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. 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(b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.</p> <p>Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.</p> <p>Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.</p>
---	---



<b>Lloyd STAFFING</b>		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BABCO</b>	
		ADDRESS <b>PO BOX 252007</b>		TOWN <b>LA</b>	P.O. <b>90025</b>
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	1/3/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	2/1/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	2/2/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	2/3/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	2/4/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	2/5/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	2/6/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING <b>2/6</b>		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>16</b>			
INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.			IMPORTANT... All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.		
REPORT TO <b>Travis Longcore, Ph.D.</b>		DEPT <b>President</b>		WEEK ENDING <b>2/6</b>	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review					
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME <b>Catherine Palaw</b>			EMPLOYEE SIGNATURE 		
SOCIAL SECURITY NO. - - - - -			PRINT NAME <b>Travis Longcore</b>		
CLIENT SIGNATURE OF ACCEPTANCE 			PRINT NAME <b>Travis Longcore</b>		
IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.					
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.					

BACK

<p style="text-align: center; font-weight: bold;">EMPLOYEE INFORMATION</p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p><b>OVERTIME</b>        You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.</p> <p><b>LUNCH</b>        Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.</p> <p><b>ABSENCES - LATENESS</b>        Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p><b>ON-THE-JOB SAFETY</b>        Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.</p> <p><b>TRAINING</b>        You must complete the Training Orientation every time you go to a new assignment.</p>	<p style="text-align: center; font-weight: bold;">TERMS &amp; CONDITIONS FOR LLOYD STAFFING</p> <p>I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.</p> <p>LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. 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Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.</p> <p>Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.</p> <p>Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.</p>
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## Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

## Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep.				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep.					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	23	1		6	3	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

Page 2 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

☐ Board Member Reimbursement

**Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.**

**Total:**

Date: 07/02/2021





		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) <b>BABCONC</b>	
		ADDRESS <b>PO Box 252007</b>		TOWN <b>90025</b>	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	2/7/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	2/8/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	2/9/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	2/10/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	2/11/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	2/12/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	2/13/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING <b>2/13</b>		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <b>19</b>			
INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.					
IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day.					
REPORT TO <b>Travis Longcore P.O.</b>		DAY <b>President</b>		WEEK ENDING <b>2/13</b>	
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review					
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.					
EMPLOYEE NAME <b>Catherine Palmer</b>		EMPLOYEE SIGNATURE 			
SOCIAL SECURITY NO. - - - - -		PRINT NAME <b>Travis Longcore</b>			
CLIENT SIGNATURE OF ACCEPTANCE 		IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.			
Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.					

BACK

### EMPLOYEE INFORMATION

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

#### OVERTIME

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

#### LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

#### ABSENCES - LATENESS

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

#### ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

#### TRAINING

You must complete the Training Orientation every time you go to a new assignment.

### TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

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		<b>HQ: 445 Broadhollow Road</b> Melville, NY 11747, Suite 119 Phone: 631-777-7600		<b>COMPANY NAME</b> <u>BABSCNC</u> (Please print)	
		<b>ADDRESS</b> <u>PO Box 252007</u> <sup>TOWN</sup> <u>90075</u> <sup>P.O.</sup> <u>90075</u> <sup>ZIP</sup>			
<b>EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.</b>					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	2/14/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	2/15/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	2/16/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	2/17/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	2/18/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	2/19/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	2/20/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING <u>2/20</u>		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE <u>(25)</u>			
<b>INSTRUCTIONS:</b> 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.					
<b>IMPORTANT...All hours must be approved for each day worked. Hours will not be paid if not approved daily.</b> Minimum: 4 hours per employee, per day.					
<b>REPORT TO</b> <u>Travis Longcore, Ph.D.</u> <b>DEPT.</b> <u>President</u> <b>JOB TITLE</b> <u>2/20</u>			<b>WEEK ENDING</b>		
<b>FIRST TIME AT THIS CLIENT COMPANY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)</b> <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review					
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<b>EMPLOYEE NAME</b> <u>Catherine Palmer</u>			<b>EMPLOYEE SIGNATURE</b> <u>Catherine Palmer</u>		
<b>SOCIAL SECURITY NO.</b> <u>                    -                    </u>					
<b>CLIENT SIGNATURE OF ACCEPTANCE</b> <u>Travis Longcore</u>			<b>PRINT NAME</b> <u>Travis Longcore</u>		
<b>IMPORTANT FOR CLIENT:</b> Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.					
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I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

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## Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

## Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep.				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep.					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	23	1		6	3	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021







**Lloyd STAFFING**

HO: 445 Broadhollow Road  
Metville, NY 11747, Suite 119  
Phone: 631-777-7600

**EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.**

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH &/OR BREAK	TOTAL HOURS
MON	2/28/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	3/1/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	3/2/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	3/3/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	3/4/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	3/5/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	3/6/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	7/6	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE		20	

**INSTRUCTIONS:**

- Please firmly, use a ball point pen.
- Use separate timesheet for each assignment.
- Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
- Unsigned timesheets will not be accepted. All hours must be justified.

**IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.**  
Minimum: 4 hours per employee, per day.

**COMPANY NAME** (Please print) BABANC

**ADDRESS** PO Box 252007

**TOWN** LA ZIP 90025

**REPORT TO** Travis Longcore Ph.D.

**DEPT.** President

**JOB TITLE** President

**WEEK ENDING** 3/6

**FIRST TIME AT THIS CLIENT COMPANY?** ☐ Yes ☐ No If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

**EMPLOYEE NAME** Catherine Palmer

**EMPLOYEE SIGNATURE**

**SOCIAL SECURITY NO.** - - - - -

**CLIENT SIGNATURE OF ACCEPTANCE**

**PRINT NAME** Travis Longcore

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct and stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

Bo sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

**EMPLOYEE INFORMATION**

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

**OVERTIME**  
You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

**LUNCH**  
Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

**ABSENCES - LATENESS**  
Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

**ON-THE-JOB SAFETY**  
Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

**TRAINING**  
You must complete the Training Orientation every time you go to a new assignment.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

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I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services. That (a) Customer shall not attempt to contact LLOYD's employees with unauthorized premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage (b) LLOYD's insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD's employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD's employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

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LLOYD 10-2007





HQ: 445 Broadhollow Road  
Melville, NY 11747, Suite 119  
Phone: 631-777-7600

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DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & JOB BREAK	TOTAL HOURS
MON	2/21/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	2/22/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	2/23/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	2/24/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	2/25/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	2/26/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	2/27/22	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		PLEASE WRITE TOTAL HOURS WORKED HERE <b>20</b>	

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LLOYD 10-2007



## Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

## Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep.				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep.					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	Total:	23	1		6	3	

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

Page 2 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

☐ Board Member Reimbursement

**Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.**

**Total:**

Date: 07/02/2021