



WEEK ENDING (Sunday):	
LAST NAME:	
FIRST NAME:	
COMPANY:	

FAX TO: 831-423-1111  
 OR EMAIL TO:  
[payroll@santacruzstaffing.com](mailto:payroll@santacruzstaffing.com)  
 by **MONDAY 12:00 (NOON)**

\*\*Time sheets received after Monday's deadline will be paid the following week\*\*

Working 6hrs or more - take ½ hr unpaid meal break within the 1<sup>st</sup> 5 hours  
 Working 8hrs - take ½ hr unpaid meal break PLUS (2) 10-min paid breaks  
 Working 10hrs or more - take two ½ hr unpaid meal break PLUS (2) 10-min paid breaks  
 Employee must take proper breaks – NO EXCEPTIONS

	DATE	Project/Task/Notes	START TIME	BEGIN LUNCH	END LUNCH	END TIME	TOTAL HRS WORKED	For Company Use		
								REG	OT	DT
MON										
TUES										
WED										
THURS										
FRI										
SAT										
SUN										
<b>TOTAL HOURS</b>										

**CONTRACTOR:** I hereby certify that the TOTAL hours reported are true and correct ACTUAL hours worked. Employee certifies no accident or injury was sustained while working on the assignment and that I took my appropriate breaks as per CA Labor Law.

<b>X</b>			
EMPLOYEE SIGNATURE	DATE	PRINTED NAME	PHONE

**CLIENT:** The undersigned representative of Client agrees: TOTAL hours worked are true, correct ACTUAL hours worked; that the work performed was satisfactory; that client agrees to terms and conditions as read and signed with Santa Cruz Staffing, LLC.

<b>X</b>			
AUTHORIZED CLIENT SIGNATURE	DATE	PRINTED NAME	PHONE