



**SANTA CRUZ STAFFING**  
 312 Locust Street  
 Santa Cruz, CA 95060  
 831-423-8888

Week Ending (Sunday): \_\_\_\_\_

Name: \_\_\_\_\_

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

FAX TO: 831-423-1111  
 OR EMAIL TO:  
 payroll@santacruzstaffing.com  
 BY END OF DAY FRIDAY  
 \*\* TIME SHEETS RECEIVED AFTER FRIDAY'S  
 DEADLINE WILL BE PAID THE FOLLOWING WEEK \*\*

Working over 6 hrs - take a 1/2 hr unpaid meal break within the 1st 5 hours  
 Working 8 hrs - take 1/2 hr unpaid meal break PLUS (2) 10-min paid breaks  
 Working 10 hrs or more - take an additional 1/2 hr unpaid meal break PLUS (2) 10-min paid breaks  
 Employee MUST take proper breaks - NO EXCEPTIONS - please refer to Gretchen if you have issues

Date	Cost Ctr: _____			Cost Ctr: _____			Cost Ctr: _____			Cost Ctr: _____			Length of Lunch	Total REG hours	Total OT hours	Total Daily Hours
	Start	End	Total	Start	End	Total	Start	End	Total	Start	End	Total				
M O N																
T U E S																
W E D																
T H U R S																
F R I																
S A T																
S U N																
<b>Totals</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

✕  
 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 the terms and conditions as read and signed with Santa Cruz Staffing, LLC.

✕  
 AUTHORIZED CLIENT SIGNATURE - 1 \_\_\_\_\_ 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 the terms and conditions as read and signed with Santa Cruz Staffing, LLC.

✕  
 AUTHORIZED CLIENT SIGNATURE - 2 \_\_\_\_\_ DATE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_