



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

FAX TO: **831-423-1111**
 OR EMAIL TO:
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 1st 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										
TOTAL HOURS										

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.

X			
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.

X			
AUTHORIZED CLIENT SIGNATURE	DATE	PRINTED NAME	PHONE