



SANTA CRUZ STAFFING

Week Ending (Sunday): _____

Name: _____

Client: _____

Working over 6 hours - take a 1/2 hr. unpaid meal break within the 1st 5 hours
 Working 8 hours - take 1/2 hr. unpaid meal break PLUS (2) 10-min paid breaks
 Working 12 hours 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

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

	Cost Ctr: _____				Cost Ctr: _____				Cost Ctr: _____				DAILY TOTALS				
	Date	Start	Lunch Length	End	Total	Start	Lunch Length	End	Total	Start	Lunch Length	End	Total	Total REG hours	Total OT hours	Total Daily Hours	
M O N																	
T U E S																	
W E D																	
T H U R S																	
F R I																	
S A T																	
S U N																	
Total					Total					Total							

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

✕ _____
 EMPLOYEE SIGNATURE _____ DATE _____ PRINTED NAME _____

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 _____

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 _____