



SANTA CRUZ STAFFING

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 MONDAY @ 12:00 pm WILL BE PAID THE FOLLOWING WEEK **

Employee MUST take proper breaks - NO EXCEPTIONS
 Working over 6 hours - take a 1/2 hr. unpaid meal break within the first 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

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																
Totals																

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.

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EMPLOYEE SIGNATURE	DATE	PRINTED NAME	PHONE
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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.

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AUTHORIZED CLIENT SIGNATURE - 1	DATE	PRINTED NAME	PHONE
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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.

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AUTHORIZED CLIENT SIGNATURE - 2	DATE	PRINTED NAME	PHONE
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