



WEEK ENDING (Sunday):		FAX TO: 831-423-1111 OR EMAIL TO: payroll@santacruzstaffing.com by End of Day on Friday <small>**Time sheets received after Monday @ 12:00 pm deadline will be paid the following week**</small>
LAST NAME:		
FIRST NAME:		
COMPANY:		

Employee must take proper breaks – **NO EXCEPTIONS**. Please call Santa Cruz Staffing if you are unable to take your appropriate breaks- 831-423-8888.

For every 4 hours worked take a ten minute break.

For every 5 hours worked take at least a 1/2 hour break unless you are working less than six hours.

								<i>For Company Use</i>		
	DATE	Project/Task/Notes	START TIME	BEGIN LUNCH	END LUNCH	END TIME	TOTAL HRS WORKED	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 and 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.

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