



"Your Translogistics Staffing Source"

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EMPLOYEE NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EE LAST 4 DIGITS OF SOC SEC \_\_\_\_\_

CITY \_\_\_\_\_

W/E DATE \_\_\_\_\_

REPORT TO \_\_\_\_\_

I have been authorized and permitted to take my meal and rest breaks on each day worked unless noted otherwise on this timesheet. I also agree that all reported hours worked are accurate & I have corrected them if they are not.  Yes  No

All time cards must be signed by client and turned in every Monday before 9 AM. Time cards turned in after 9AM on Monday will not be processed until the following payroll. Contact your local branch if you have any questions regarding these procedures. Time cards may be faxed, but it is your responsibility to call your local branch and make sure they've received it.

Following is the text of Labor Code sec. 512 governing meal breaks:

"512. (a) An employer may not employ an employee for a work period of more than five hours per day without providing the employee with a meal period of not less than 30 minutes, except that if the total work period per day of the employee is no more than six hours, the meal period may be waived by mutual consent of both the employer and employee. An employer may not employ an employee for a work period of more than 10 hours per day without providing the employee with a second meal period of not less than 30 minutes, except that if the total hours worked is no more than 12 hours, the second meal period may be waived by mutual consent of the employer and the employee only if the first meal period was not waived.

Day	Date	Start Time	Lunch Out	Lunch In	Lunch Out	Lunch In	Finish Time	Total Hours
MONDAY	/ /							
TUESDAY	/ /							
WEDNESDAY	/ /							
THURSDAY	/ /							
FRIDAY	/ /							
SATURDAY	/ /							
SUNDAY	/ /							

REG HRS \_\_\_\_\_ / OT HRS \_\_\_\_\_ / DT HRS \_\_\_\_\_ / TOTAL MILES \_\_\_\_\_ / PER DIEMS \_\_\_\_\_ / STOPS \_\_\_\_\_

By signing this trip sheet/time card you understand, and have confirmed all hours worked.

\_\_\_\_\_  
 Authorized Supervisor's Signature (Client)

\_\_\_\_\_  
 Date