

(951) 683-3753 · Fax (951) 784-2352

YOUR NAME	
3.	
COMPANY NAME	
Employee Signature	
Client Signature	-

Your Signature indicates acceptance of the terms and conditions on the reverse side.

W/E	
44/	

	DATE	TIME STARTED	AM PM	LUNCH FROM	BREAK TO	TIME FINISHED	AM PM	TOT. DA	OT
SUN				2 1 1 ag 1					
MON							equii Piyu		
TUES						Å			
WED							Alve		
THURS									4
FRI								¥	
SAT									

Total Straight Time Hours
Total Overtime Hours
TOTAL HOURS

White - Original

Yellow - Employee

Pink - Client



(951) 683-3753 · Fax (951) 784-2352

YOUR NAME	
COMPANY NAME	 
Employee Signature	
Client Signature	

Your Signature indicates acceptance of the terms and conditions on the reverse side.

W/E	

	DATE	TIME STARTED	AM PM	LUNCH FROM	BREAK TO	TIME FINISHED	AM PM	TOT. DA	OT
SUN									
MON									1
TUES								3	
WED									
THURS									
FRI							,,,,,,		
SAT							61. A		

Total Straight Time Hours \_\_\_\_\_\_

Total Overtime Hours \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

White - Original

Yellow - Employee

Pink - Client



(951) 683-3753 · Fax (951) 784-2352

COMPANY NAME\_\_\_\_\_

Employee Signature

Client Signature \_\_\_\_

Your Signature indicates acceptance of the terms and conditions on the reverse side.

W/E	
-----	--

	DATE	TIME STARTED	AM PM	LUNCH FROM	BREAK TO	TIME FINISHED	AM PM	TOT. DA	OT
SUN									
MON						- 18 - 1 - 17 - 17 - 17 - 17 - 17 - 17 -		3	
TUES						1 61-		7 [	
WED							. 54-7		
THURS		3				3 7, 3			
FRI						1 - , - , 5/2 32 2)			
SAT									

Total Straight Time Hours
Total Overtime Hours
TOTAL HOURS

White - Original

Yellow - Employee

Pink - Client