

Div 1 - Safety, Payroll and HR

Training Guide

January - 2023

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO
C. NO TIME INJURED/ LASTIMADO
D. NO TIME ON VACATION/VACACIONES
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO
F. OTHER/ OTRO MOTIVO

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
VERANO	DRV A00 1BF	023.020	11										
Alicante 42's	MHAL42 02F	023.020		8									
TRAINING	VAC 1	90.92			8								
CASTILE	DRCT00 19F	023.020				10							
MIDWAY GROVE	RAMG00 01F	023.020					10						
			TIME IN	7:00	7:00	7:00	7:00	7:00					
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	10:00	10:00						
	IN	10:30	10:30	10:30	10:30	10:30	10:30						
2ND LUNCH:	OUT												
	IN												
	TIME OUT	6:30	3:30	3:30	5:30	5:30							
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	3			2	2							
	D.T. HOURS												
	TOTAL HOURS	11	8	8	10	10							

TOTAL REGULAR HOURS	40	MEAL COMP	PER DIEM	OTH HRS
TOTAL O.T. HOURS	7			
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	47			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

## PAYROLL STATUS CHANGE

TODAY'S DATE

4 / 2 / 22

NAME: John Layant

EMPLOYEE # 18000

NEW  
ADDRESS

STREET

CITY, STATE, ZIP

TELEPHONE

## CHANGE

	FROM	TO
CO #	8	
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION       RESIGNATION with notice -Last day worked: \_\_\_\_\_  
 DEMOTION       RESIGNATION without notice-Last day worked: \_\_\_\_\_  
 TRANSFER       TERMINATION - Last day worked: \_\_\_\_\_  
 RETIREMENT       LAYOFF- Last day worked: \_\_\_\_\_  
       OTHER -Last day worked: \_\_\_\_\_  
       REHIREABLE YES OR NO \_\_\_\_\_  
 MERIT INCREASE      Effective date / week ending: 4 / 10 / 2022

COMMENTS:

VACATION NO PAY

## VACATION / SICK TIME OFF REQUEST

FROM 4 / 4 / 22	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO 4 / 10 / 22	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO

# OF HOURS 40      # OF DAYS 5

EMPLOYEE SIGNATURE

AUTHORIZED BY

x John Layant

x Joe Rebar

CONCRETE VALUE CORP

**EMPLOYEE NUMBER AND NAME:** EE# 18000 John Layout  
**CREW NUMBER AND FOREMAN:** 25SA - Joe Rebar

**CREW NUMBER AND FOREMAN:** 25SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	4/12/2022
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

		TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS					
TOTAL O.T. HOURS					
TOTAL D.T. HOURS					
OTHER HOURS					
TOTAL FOR THE WEEK					

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layant  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

**FOREMAN/SUPERVISOR SIGNATURE**

**PAYROLL STATUS CHANGE**

TODAYS DATE

4 / 5 / 2022

NAME: John Layout

EMPLOYEE #

NEW ADDRESS	STREET
	CITY, STATE, ZIP
	TELEPHONE

**CHANGE**

	FROM	TO
CO #	8	
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

**REASON FOR CHANGE**

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  - MERIT INCREASE
  - RESIGNATION with notice -*Last day worked:* \_\_\_\_\_
  - RESIGNATION without notice-*Last day worked:* \_\_\_\_\_
  - TERMINATION - *Last day worked:* \_\_\_\_\_
  - LAYOFF- *Last day worked:* \_\_\_\_\_
  - OTHER -*Last day worked:* \_\_\_\_\_
  - REHIREABLE YES OR NO \_\_\_\_\_
- Effective date / week ending:** 4 / 10 / 2022

**COMMENTS:**


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**VACATION / SICK TIME OFF REQUEST**

FROM 4 / 4 / 22	CHARGE TO VACATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
TO 4 / 4 / 22	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	# OF HOURS	8	# OF DAYS	1

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

		TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	32				
TOTAL O.T. HOURS	7				
TOTAL D.T. HOURS					
OTHER HOURS	8				8
TOTAL FOR THE WEEK	47				

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layton  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

## PAYROLL STATUS CHANGE

TODAY'S DATE

4 / 17 / 22

NAME: John Layout

EMPLOYEE # 18000

NEW ADDRESS	STREET
	CITY, STATE, ZIP
	TELEPHONE

## CHANGE

	FROM	TO
CO #	8	
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  - MERIT INCREASE
- RESIGNATION with notice -Last day worked: \_\_\_\_\_
- RESIGNATION without notice-Last day worked: \_\_\_\_\_
- TERMINATION - Last day worked : \_\_\_\_\_
- LAYOFF- Last day worked: \_\_\_\_\_
- OTHER -Last day worked: \_\_\_\_\_
- REHIREABLE YES OR NO \_\_\_\_\_

**Effective date / week ending:** 4 / 10 / 2022

## COMMENTS:

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## VACATION / SICK TIME OFF REQUEST

FROM 4 / 16 / 22	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TO 4 / 16 / 22	CHARGE TO SICK	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	# OF HOURS	8	# OF DAYS	1

EMPLOYEE SIGNATURE

AUTHORIZED BY

x John Layout

x Joe Rebs

## CONCRETE VALUE CORP

**EMPLOYEE NUMBER AND NAME:** EE# 18000 John Layout  
**CREW NUMBER AND FOREMAN:** 25 SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Langert  
EMPLOYEE SIGNATURE

Joe Rebar  
**FOREMAN/SUPERVISOR SIGNATURE**

CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

**EMPLOYEE NUMBER AND NAME: 6055 JOE REBAR**

**WEEK OF: 4/4/2022 - 4/10/2022**

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 5 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

JOE REBAR  
**EMPLOYEE SIGNATURE**

SAM FORMSET

# Resignation without Notice

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____		EMPLOYEE # _____
NEW ADDRESS	STREET _____	
	CITY, STATE, ZIP _____	
	TELEPHONE _____	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		
<b>REASON FOR CHANGE</b>		
<input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETIREMENT  <input type="checkbox"/> MERIT INCREASE <b>Effective date / week ending:</b> _____		
<input type="checkbox"/> RESIGNATION with notice - <i>Last day worked:</i> _____ <input checked="" type="checkbox"/> <b>RESIGNATION without notice - <i>Last day worked:</i></b> _____ <input type="checkbox"/> TERMINATION - <i>Last day worked:</i> _____ <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input checked="" type="checkbox"/> <b>REHIREABLE YES OR ✓ NO</b> _____		
<b>COMMENTS:</b> <b>No Call, No Show</b> <b>(3) unreported absences:</b> <b>(list 3 dates)</b> _____		
<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO / /	CHARGE TO SICK <input type="checkbox"/> YES <input type="checkbox"/> NO	
	# OF HOURS _____    # OF DAYS _____	
EMPLOYEE SIGNATURE		AUTHORIZED BY
X	X	<b>DIV MANAGER</b>

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____		EMPLOYEE # _____
NEW ADDRESS	STREET _____	
	CITY, STATE, ZIP _____	
	TELEPHONE _____	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		
<b>REASON FOR CHANGE</b>		
<input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETIREMENT  <input type="checkbox"/> MERIT INCREASE <b>Effective date / week ending:</b> _____		
<input type="checkbox"/> RESIGNATION with notice - <i>Last day worked:</i> _____ <input checked="" type="checkbox"/> <b>RESIGNATION without notice - <i>Last day worked:</i></b> _____ <input type="checkbox"/> TERMINATION - <i>Last day worked:</i> _____ <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input checked="" type="checkbox"/> <b>REHIREABLE YES OR ✓ NO</b> _____		
<b>COMMENTS:</b> <b>No llamada telefonica, no se presento a trabajar</b> <b>(3) Ausencias sin reportarse:</b> <b>(enumerar 3 fechas)</b> _____		
<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO / /	CHARGE TO SICK <input type="checkbox"/> YES <input type="checkbox"/> NO	
	# OF HOURS _____    # OF DAYS _____	
EMPLOYEE SIGNATURE		AUTHORIZED BY
X	X	<b>DIV MANAGER</b>

\*\* TURN THIS IN RIGHT AWAY

# Resignation sin aviso

## PAYROLL STATUS CHANGE

TODAYS DATE

4 / 16 / 22

NAME: *Fred Formset*

EMPLOYEE # 1234

NEW ADDRESS	STREET
	CITY, STATE, ZIP
	TELEPHONE

## CHANGE

	FROM	TO
CO #	8	
AREA / DIVISION	1	
DEPARTMENT #	55 SA	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION  
 DEMOTION  
 TRANSFER  
 RETIREMENT  
  
 MERIT INCREASE      **Effective date / week ending:**
- RESIGNATION with notice - *Last day worked:* \_\_\_\_\_  
 **RESIGNATION without notice - *Last day worked:* 4/11/2022**  
 TERMINATION - *Last day worked:* \_\_\_\_\_  
 LAYOFF- *Last day worked:* \_\_\_\_\_  
 OTHER - *Last day worked:* \_\_\_\_\_  
 **REHIREABLE YES OR ✓ NO**

## COMMENTS:

No Call, No Show

(3) unreported absences: 4/12/22, 4/14/22, 4/15/22

## VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS	

EMPLOYEE SIGNATURE

AUTHORIZED BY

*Arturo Gonzalez*  
X DIV MANAGER

## PAYROLL STATUS CHANGE

TODAYS DATE

4 / 16 / 22

NAME: *Fred Formset*

EMPLOYEE # 1234

NEW ADDRESS	STREET
	CITY, STATE, ZIP
	TELEPHONE

## CHANGE

	FROM	TO
CO #	8	
AREA / DIVISION	1	
DEPARTMENT #	55 SA	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION  
 DEMOTION  
 TRANSFER  
 RETIREMENT  
  
 MERIT INCREASE      **Effective date / week ending:**
- RESIGNATION with notice - *Last day worked:* \_\_\_\_\_  
 **RESIGNATION without notice - *Last day worked:* 4/11/2022**  
 TERMINATION - *Last day worked:* \_\_\_\_\_  
 LAYOFF- *Last day worked:* \_\_\_\_\_  
 OTHER - *Last day worked:* \_\_\_\_\_  
 **REHIREABLE YES OR ✓ NO**

## COMMENTS:

No llamada telefonica, no se presento a trabajar

(3) Ausencias sin reportarse: 4/12/22, 4/14/22, 4/15/22

## VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS	

EMPLOYEE SIGNATURE

AUTHORIZED BY

*Arturo Gonzalez*  
X DIV MANAGER

\*\* TURN THIS IN RIGHT AWAY

# Resignation with notice

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____ EMPLOYEE # _____		
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION
- DEMOTION
- TRANSFER
- RETIREMENT
  
- RESIGNATION with notice-*Last day worked:* \_\_\_\_\_
- RESIGNATION without notice-*Last day worked:* \_\_\_\_\_
- TERMINATION - *Last day worked :* \_\_\_\_\_
- LAYOFF- *Last day worked:* \_\_\_\_\_
- OTHER -*Last day worked:* \_\_\_\_\_
  
- REHIREABLE     YES     OR     NO

MERIT INCREASE    **Effective date / week ending:** \_\_\_\_\_

## COMMENTS:

Found New Job

Notice Given (date)

## VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS _____	

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

DIV MANAGER

REV 08/13

\*\* TURN THIS IN RIGHT AWAY

# Resignation con aviso

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____ EMPLOYEE # _____		
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

## REASON FOR CHANGE

- PROMOTION
- DEMOTION
- TRANSFER
- RETIREMENT
  
- RESIGNATION with notice-*Last day worked:* \_\_\_\_\_
- RESIGNATION without notice-*Last day worked:* \_\_\_\_\_
- TERMINATION - *Last day worked :* \_\_\_\_\_
- LAYOFF- *Last day worked:* \_\_\_\_\_
- OTHER -*Last day worked:* \_\_\_\_\_
  
- REHIREABLE     YES     OR     NO

MERIT INCREASE    **Effective date / week ending:** \_\_\_\_\_

## COMMENTS:

Encontré un nuevo trabajo

Aviso dado (fecha)

## VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS _____	

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

DIV MANAGER

REV 08/13

\*\* CONVIERTE ESTO DE INMEDIATO

PAYROLL STATUS CHANGE		TODAYS DATE <b>4 / 16 / 22</b>
NAME: <b>Rob Rebar</b>		EMPLOYEE # <b>5678</b>

<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	<b>8</b>	
AREA / DIVISION	<b>1</b>	
DEPARTMENT #	<b>55 SA</b>	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

<b>REASON FOR CHANGE</b>	
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> <b>4/16/22</b>
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i>
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> TERMINATION - <i>Last day worked:</i>
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LAYOFF- <i>Last day worked:</i>
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER - <i>Last day worked:</i>
<input checked="" type="checkbox"/> REHIREABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> OR <input type="checkbox"/> NO	
<input type="checkbox"/> MERIT INCREASE	<b>Effective date / week ending:</b>
<b>COMMENTS:</b>	
Found New Job	
Notice Given (date)	

<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES <input type="checkbox"/> NO
	# OF HOURS	# OF DAYS

EMPLOYEE SIGNATURE      AUTHORIZED BY  
**X**                          **X**                          **Arturo Gonzalez**  
**DIV MANAGER**

\*\* TURN THIS IN RIGHT AWAY

PAYROLL STATUS CHANGE		TODAYS DATE <b>4 / 16 / 22</b>
NAME: <b>Rob Rebar</b>		EMPLOYEE # <b>5678</b>

<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	<b>8</b>	
AREA / DIVISION	<b>1</b>	
DEPARTMENT #	<b>55 SA</b>	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

<b>REASON FOR CHANGE</b>	
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> <b>4/16/22</b>
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i>
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> TERMINATION - <i>Last day worked:</i>
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LAYOFF- <i>Last day worked:</i>
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER - <i>Last day worked:</i>
<input checked="" type="checkbox"/> REHIREABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> OR <input type="checkbox"/> NO	
<input type="checkbox"/> MERIT INCREASE	<b>Effective date / week ending:</b>
<b>COMMENTS:</b>	
Encontré un nuevo trabajo	
Aviso dado (fecha)	

<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES <input type="checkbox"/> NO
	# OF HOURS	# OF DAYS

EMPLOYEE SIGNATURE      AUTHORIZED BY  
**X**                          **X**                          **Arturo Gonzalez**  
**DIV MANAGER**

\*\* CONVIERTE ESTO DE INMEDIATO

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO
C. NO TIME INJURED/ LASTIMADO
D. NO TIME ON VACATION/VACACIONES
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO
F. OTHER/ OTRO MOTIVO

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
			1	2	3	4	5	6	7				
ORCHARDSTI	RA0R2030	013.020	4										
MIDWAY GROVE	RAMG0008	013.020	5										
FARMSTEAD	TMFM0006	013.020		8									
STONESTHROW	HTST0013	013.020			10								
		TIME IN	6:00	6:00	6:00								
1ST LUNCH:	OUT	10:00	10:00	10:00									
	IN	10:30	10:30	10:30									
2ND LUNCH:	OUT												
	IN												
	TIME OUT	5:30	2:30	4:30									
	REGULAR HOURS	8	8	8									
	O.T. HOURS	3		2									
	D.T. HOURS												
	TOTAL HOURS	11	8	10									

TOTAL REGULAR HOURS	24	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL O.T. HOURS	5				
TOTAL D.T. HOURS					
OTHER HOURS					
TOTAL FOR THE WEEK	29				

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

# Resignation Reasons

- No Call, No Show
- Employee Found another job
- Left for more compensation
- Left the country
- Employee Left for personal reasons
- Employee went back to school

# Razones de renuncia

- No llamar, no presentarse
- Empleado encontro otro trabajo
- Se fue por mas compensacion
- Se fue del pais
- Empleado se fue por motivos personales
- El empleado regreso a la escuela

# Advertencia/Aviso De Terminación

ESCRIBA CLARAMENTE

Nombre Del Empl. \_\_\_\_\_ # Del Empleado \_\_\_\_\_  
Departamento \_\_\_\_\_ Fecha De La Advertencia \_\_\_\_\_

## Tipo De Violación

- |   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Asistencia (Presentarse al Trabajo)                     | Insubordinación                      |
| <input type="checkbox"/> Llegar Tarde o Salir Temprano                                      | Falta de Cuidado                     |
| <input type="checkbox"/> Grosero Con Empleados o clientes                                   |                                      |
| <input type="checkbox"/> Mala Calidad de Trabajo  | Dañar Material o Equipo de Trabajo   |
| <input type="checkbox"/> No Segir Instrucciones   | Violación de las Reglas de Seguridad |
| <input checked="" type="checkbox"/> Violación De La Política o Precedimiento de la Compañía | Trabajando en Asuntos Personales     |
|   | Otro Motivo                          |

**Declaración del Patron:** Continuó llegando tarde los siguientes días: 1/18/19, 2/14/19 y 2/17/19. Esto es excesivo y tu asistencia necesita mejorar.

## Advertencias Anteriores

**\*NO SE  
OLVIDE\***

	Oral	Por Escrito	Fecha
1er Advertencia	✓		1/12/2022
2nda Advertencia		✓	3/1/2022
3era Advertencia			

## Acción Tomada

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Advertencia Verbal | <input checked="" type="checkbox"/> Advertencia escrita | <input type="checkbox"/> Tiempo a Prueba |
| <input type="checkbox"/> Suspención         | <input type="checkbox"/> Despido/Terminación            |  |

**\*NO SE  
OLVIDE\***

**Consecuencia si el incidente vuelve a ocurrir: Acción disciplinaria adicional hasta e incluyendo la terminación.**

## Declaración Del Empleado

**\*NO SE  
OLVIDE\***

- |   |
|---|
| <input checked="" type="checkbox"/> Estoy de acuerdo con la declaración                 |
| <input type="checkbox"/> No estoy de acuerdo con la declaración por la siguiente razon: |

I have read this Employee Warning Notice and understand it.



Signature of Employee

Date

Signature of Supervisor Who Issued Warning

Date

24

Rev 4/10

# Employee Warning/Termination Notice

Attendance - WW

PLEASE PRINT CLEARLY

Employee Name \_\_\_\_\_ Employee# \_\_\_\_\_  
Department \_\_\_\_\_ Date of Warning \_\_\_\_\_

## Type of Violation

- |   |   |
|---|---|
| ✓ Attendance                                  | Insubordination                         |
| _____ Lateness or Early Quit                  | Carelessness                            |
| _____ Rudeness to Employee or Customers       | Willful Damage to Material or Equipment |
| _____ Unsatisfactory Work Quality             | Violation of Safety Rules               |
| _____ Failure to Follow Instruction           | Working on Personal Matters             |
| ✓ Violation of Company Policies or Procedures | Other                                   |

**Employer Statement:** You have continued to be late on the following days: 1/18/19, 2/14/19 and 2/17/19. This is excessive and your attendance needs to improve.

## Previous Warnings

\*Don't  
forget\*

	Oral	Written	Date
1st Warning	✓		1/12/2022
2nd Warning		✓	2/18/2022
3rd Warning			

## Action to be Taken

- Verbal Warning       Written Warning       Probation       Suspension  
 Dismissal/Termination

**Consequences if incident occurs again:** Further disciplinary action up to and including termination.

\*Don't  
forget\*

## Employee Statement

\*Don't  
forget\*

- ✓ I agree with the Employer's Statement  
\_\_\_\_\_ I disagree with the employer's description of violation for these reasons:

I have read this Employee Warning Notice and understand it.



Signature of Employee

Date

Signature of Supervisor Who Issued Warning

Date

# Wage Decrease/ disminución del salario

PAYROLL STATUS CHANGE		TODAYS DATE 10 / 1 / 2022	
NAME: Frank Formset		EMPLOYEE # 11111	
NEW ADDRESS	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		
<b>CHANGE</b>			
	FROM	TO	
CO #	8		
AREA / DIVISION	1		
DEPARTMENT #	1 SA		
JOB DESCRIPTION	LABOR		
REPORTS TO			
WAGE	\$18	\$17	
<b>REASON FOR CHANGE</b>			
<input type="checkbox"/> PROMOTION <input type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> _____ <input type="checkbox"/> DEMOTION <input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____ <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINATION - <i>Last day worked :</i> _____ <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input type="checkbox"/> REHIREABLE YES OR NO _____			
<input type="checkbox"/> MERIT INCREASE <b>Effective date / week ending:</b> _____			
<b>COMMENTS:</b> <b>POOR WORK PERFORMANCE</b>			

<b>VACATION / SICK TIME OFF REQUEST</b>			
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS _____	# OF DAYS _____	

EMPLOYEE SIGNATURE      AUTHORIZED BY

X

X

\*\* EMPLOYEE MUST ALSO SIGN ALL DECREASES

\*\* DIVISON MANAGER MUST APPROVE ALL DECREASES

PAYROLL STATUS CHANGE		TODAYS DATE 10 / 1 / 2022	
NAME: Frank Formset		EMPLOYEE # 11111	
NEW ADDRESS	STREET		
	CITY, STATE, ZIP		
	TELEPHONE		
<b>CHANGE</b>			
	FROM	TO	
CO #	8		
AREA / DIVISION	1		
DEPARTMENT #	1 SA		
JOB DESCRIPTION	LABOR		
REPORTS TO			
WAGE	\$18	\$17	
<b>REASON FOR CHANGE</b>			
<input type="checkbox"/> PROMOTION <input type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> _____ <input type="checkbox"/> DEMOTION <input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____ <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINATION - <i>Last day worked :</i> _____ <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input type="checkbox"/> REHIREABLE YES OR NO _____			
<input type="checkbox"/> MERIT INCREASE <b>Effective date / week ending:</b> _____			
<b>COMMENTS:</b> <b>RENDIMIENTO DE TRABAJO DEFICIENTE</b>			

<b>VACATION / SICK TIME OFF REQUEST</b>			
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS _____	# OF DAYS _____	

EMPLOYEE SIGNATURE      AUTHORIZED BY

X

X

\*\* EL EMPLEADO TAMBIÉN DEBE FIRMAR TODAS

\*\* EL GERENTE DE DIVISIÓN DEBE MEJORAR TODOS LOS DISMINUYE

# Wage increase / Aumento Salarial

<b>PAYROLL STATUS CHANGE</b>		TODAYS DATE 10 / 1 / 2022
NAME: Frank Formset EMPLOYEE # 11111		
<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	8	
AREA / DIVISION	1	
DEPARTMENT #	1 SA	
JOB DESCRIPTION	LABOR	
REPORTS TO		
WAGE	\$17	\$18
<b>REASON FOR CHANGE</b>		
<input type="checkbox"/> PROMOTION <input type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> _____ <input type="checkbox"/> DEMOTION <input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____ <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINATION - <i>Last day worked :</i> _____ <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input type="checkbox"/> REHIREABLE YES OR NO		
<input checked="" type="checkbox"/> MERIT INCREASE	<i>Effective date / week ending:</i>	
COMMENTS: <b>EMPLOYEE LEARNED HOW TO LAY PLASTIC</b>		
<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES <input type="checkbox"/> NO
	# OF HOURS _____	# OF DAYS _____
EMPLOYEE SIGNATURE	AUTHORIZED BY	
X	X	

\*\* DIVISON MANAGER MUST APPROVE ALL INCREASES

<b>PAYROLL STATUS CHANGE</b>		TODAYS DATE 10 / 1 / 2022
NAME: Frank Formset EMPLOYEE # 11111		
<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	8	
AREA / DIVISION	1	
DEPARTMENT #	1 SA	
JOB DESCRIPTION	LABOR	
REPORTS TO		
WAGE	\$17	\$18
<b>REASON FOR CHANGE</b>		
<input type="checkbox"/> PROMOTION <input type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> _____ <input type="checkbox"/> DEMOTION <input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____ <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINATION - <i>Last day worked :</i> _____ <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____ <input type="checkbox"/> OTHER - <i>Last day worked:</i> _____ <input type="checkbox"/> REHIREABLE YES OR NO		
<input checked="" type="checkbox"/> MERIT INCREASE	<i>Effective date / week ending:</i>	
COMMENTS: <b>EMPLEADO APRENDIÓ A COLOCAR PLÁSTICO</b>		
<b>VACATION / SICK TIME OFF REQUEST</b>		
FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES <input type="checkbox"/> NO
	# OF HOURS _____	# OF DAYS _____
EMPLOYEE SIGNATURE	AUTHORIZED BY	
X	X	

\*\* EL GERENTE DE DIVISIÓN DEBE MEJORAR TODOS LOS AUMENTOS

# Transfers

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____ EMPLOYEE # _____		
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

#### REASON FOR CHANGE

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  - MERIT INCREASE
- RESIGNATION with notice-*Last day worked:* \_\_\_\_\_
- RESIGNATION without notice-*Last day worked:* \_\_\_\_\_
- TERMINATION - *Last day worked:* \_\_\_\_\_
- LAYOFF- *Last day worked:* \_\_\_\_\_
- OTHER -*Last day worked:* \_\_\_\_\_
- REHIREABLE YES OR NO \_\_\_\_\_
- Effective date / week ending:** \_\_\_\_\_

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
# OF HOURS	# OF DAYS		

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

REV 08/13

\*\* TURN THIS IN RIGHT AWAY

# Transferir

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____ EMPLOYEE # _____		
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

#### REASON FOR CHANGE

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  - MERIT INCREASE
- RESIGNATION with notice -*Last day worked:* \_\_\_\_\_
- RESIGNATION without notice-*Last day worked:* \_\_\_\_\_
- TERMINATION - *Last day worked:* \_\_\_\_\_
- LAYOFF- *Last day worked:* \_\_\_\_\_
- OTHER -*Last day worked:* \_\_\_\_\_
- REHIREABLE YES OR NO \_\_\_\_\_
- Effective date / week ending:** \_\_\_\_\_

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
# OF HOURS	# OF DAYS		

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

REV 08/13

\*\* CONVIERTE ESTO DE INMEDIATO

PAYROLL STATUS CHANGE		TODAYS DATE <b>4 / 14 / 22</b>
NAME: <b>Larry Layout</b>		EMPLOYEE # <b>3456</b>

<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	<b>8 / 9</b>	
AREA / DIVISION	<b>1</b>	
DEPARTMENT #	<b>55 SA</b>	
JOB DESCRIPTION	<b>Labor</b>	
REPORTS TO		
WAGE		

<b>REASON FOR CHANGE</b>	
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RESIGNATION with notice- <i>Last day worked:</i> _____
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____
<b>X TRANSFER</b>	<input type="checkbox"/> TERMINATION - <i>Last day worked:</i> _____
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> OTHER - <i>Last day worked:</i> _____
<input type="checkbox"/> REHIREABLE YES OR NO _____	
Effective date / week ending: <b>4/11/22 - 4/17/22</b>	
COMMENTS: _____	
_____	
_____	

<b>VACATION / SICK TIME OFF REQUEST</b>	
FROM / /	CHARGE TO VACATION <input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK <input type="checkbox"/> YES <input type="checkbox"/> NO
# OF HOURS _____	# OF DAYS _____

EMPLOYEE SIGNATURE      AUTHORIZED BY  
 X                            X **Supervisor**

\*\* TURN THIS IN RIGHT AWAY

PAYROLL STATUS CHANGE		TODAYS DATE <b>4 / 14 / 22</b>
NAME: <b>Larry Layout</b>		EMPLOYEE # <b>3456</b>

<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #	<b>8 / 9</b>	
AREA / DIVISION	<b>1</b>	
DEPARTMENT #	<b>55 SA</b>	
JOB DESCRIPTION	<b>Labor</b>	
REPORTS TO		
WAGE		

<b>REASON FOR CHANGE</b>	
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RESIGNATION with notice - <i>Last day worked:</i> _____
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION without notice- <i>Last day worked:</i> _____
<b>X TRANSFER</b>	<input type="checkbox"/> TERMINATION - <i>Last day worked:</i> _____
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LAYOFF- <i>Last day worked:</i> _____
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> OTHER - <i>Last day worked:</i> _____
<input type="checkbox"/> REHIREABLE YES OR NO _____	
Effective date / week ending: <b>4/11/22 - 4/17/22</b>	
COMMENTS: _____	
_____	
_____	

<b>VACATION / SICK TIME OFF REQUEST</b>	
FROM / /	CHARGE TO VACATION <input type="checkbox"/> YES <input type="checkbox"/> NO
TO / /	CHARGE TO SICK <input type="checkbox"/> YES <input type="checkbox"/> NO
# OF HOURS _____	# OF DAYS _____

EMPLOYEE SIGNATURE      AUTHORIZED BY  
 X                            X **Supervisor**

\*\* CONVIERTE ESTO DE INMEDIATO

REV 08/13

# Leave of Absence

- Reasons you can take the leave:
  - the birth of a child and to care for the newborn child within one year of birth (including adoption)
  - a Non work related injury that makes them unable to work.
  - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
  - to care for the employee's family member who has a serious health condition;
- Send **ALL** requests and supporting paperwork to Human Resources and they will decide eligibility
- If an employee sends you a Dr. note send it to your supervisor and HR
  - Take a picture email it to [eguevara@concretevalue.com](mailto:eguevara@concretevalue.com)
  - This process is for any time you receive a Dr. Note

# Obsencia de Trabajo

- Razones por las que puede tomar la licencia:
  - el nacimiento de un niño y cuidar al niño recién nacido dentro del año de su nacimiento (incluida la adopción)
  - una lesión no relacionada con el trabajo que les impida trabajar.
  - una condición de salud grave que imposibilite al empleado para realizar las funciones esenciales de su trabajo;
  - para cuidar al miembro de la familia del empleado que tiene una condición de salud grave;
- Envie **TODAS** las solicitudes a Recursos Humanos y ellos decidirán la eligibilidad.
- Si un empleado le envía una nota del doctor, envíela a su Supervisor y a Recursos Humanos.
  - Tome una foto y mandela por email a [eguevara@concretevalue.com](mailto:eguevara@concretevalue.com)
  - Este es el proceso para cualquier momento que reciba una nota de doctor

<b>PAYROLL STATUS CHANGE</b>		TODAYS DATE / /
NAME:		EMPLOYEE #
<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

#### REASON FOR CHANGE

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  
  - MERIT INCREASE
- Comments:**  
**Request for Leave of Absence - (reason)**  
**Requested Days Off:**

#### VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS	

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

\*\* NOTICE OF AT LEAST 1 WEEKS SHOULD BE GIVEN  
 \*\* For Injuries/ illness Attached or send the Dr note if you have it

<b>PAYROLL STATUS CHANGE</b>		TODAYS DATE / /
NAME:		EMPLOYEE #
<b>NEW ADDRESS</b>	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
<b>CHANGE</b>		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		

#### REASON FOR CHANGE

- PROMOTION
  - DEMOTION
  - TRANSFER
  - RETIREMENT
  
  - MERIT INCREASE
- Comments:**  
**Permiso para ausencia de trabajo**  
**Fechas Solicitadas:**

#### VACATION / SICK TIME OFF REQUEST

FROM / /	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TO / /	CHARGE TO SICK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	# OF HOURS	# OF DAYS	

EMPLOYEE SIGNATURE

AUTHORIZED BY

X

X

\*\* SE DEBE DAR AVISO AL MENOS 1 SEMANA

\*\*Para lesiones/ enfermedades, adjunte o envie la nota del doctor si la tiene

CONCRETE VALUE CORP

**EMPLOYEE NUMBER AND NAME:** EE# 18000 John Layout  
**CREW NUMBER AND FOREMAN:** 255A - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	5/16/2022
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

---

**EMPLOYEE SIGNATURE**

Joe Rbar  
FOREMAN/SUPERVISOR SIGNATURE



CREATING  
VALUE FOR  
CUSTOMERS

Foundation For Success

Office 916.852.6030  
Fax 916.852.7477

**CVC SACRAMENTO OFFICE**  
HUMAN RESOURCES

[www.concretevalue.com](http://www.concretevalue.com)  
License#985530

530 Bercut Drive Suite G • Sacramento, CA 95811

Only Foreman should call Jackie, do not give her number out to employees.  
Give the number above listed and they can be transferred to the right person.

Solo Foreman debe llamar a Jackie, no dé su número a los empleados.  
Dé el número que se indica arriba y podrá transferirlo a la persona adecuada.

## Meals and Rest Breaks

- Two 10 min breaks
  - one before lunch or after lunch
- One 30 min lunch
  - must be started before the 5th hour of work
  - must be a full 30 minutes of uninterrupted break time.
- If they work more than 12 they are entitled to a second meal
  - or if they choose to waive the lunch provide a meal comp

## Comidas y pausas para el descanso

- Dos descansos de 10 min
  - uno antes del almuerzo y después del almuerzo
- Un almuerzo de 30 min
  - debe iniciarse antes de la quinta hora de trabajo
  - daba ser 30 minutos completos de tiempo de descanso ininterrumpido.
- Si trabajan más de 12 tienen derecho a una segunda comida
  - o si optan por renunciar al almuerzo, proporcione una compensación de comida.

# What's wrong with timecard?

CONCRETE VALUE CORP

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE18000 John Layton

**CREW NUMBER AND FOREMAN:** 255A - Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

	RETURN DATE/ FECHA DE REGRE
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hour day. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layton  
**EMPLOYEE SIGNATURE**

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

**FOREMAN/SUPERVISOR SIGNATURE**

Timecard unacceptable

CONCRETE VALUE CORP

CONCRETE VALUE CORP  
due to white out.

**EMPLOYEE NUMBER AND NAME:** EE19000 John Layout

CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layont  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

# 1A. What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: CE#18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS	
			1	2	3	4	5	6	7					
LARKSPUR	RALS00 07	014.020	9											
PARADISE	DNPDD0 11	014.020		10										
SARATOGA	RAVES0 01	014.020				6								
ENCLAVE	RAVDE0 01	014.020				4								
ENCLAVE	RAVDE0 01	014.020					9							
LARKSPUR	RALS00 07	014.020						4						
PARADISE	DNPDD0 11	014.020						5						
			TIME IN	1:00	1:00	1:00	1:00	1:00						
1ST LUNCH:			OUT	10:00	10:00	11:00	12:30	12:00						
			IN	10:30	10:30	11:30	1:00	12:30						
2ND LUNCH:			OUT											
			IN											
			TIME OUT	4:30	5:30	5:30	4:30	4:30						
			REGULAR HOURS	8	8	8	8	8						
			O.T. HOURS	1	2	2	1	1						
			D.T. HOURS											
			TOTAL HOURS	9	10	10	9	9						
											TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
			TOTAL REGULAR HOURS				40							
			TOTAL O.T. HOURS				7							
			TOTAL D.T. HOURS											
			OTHER HOURS											
			TOTAL FOR THE WEEK				47							

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

EMPLOYEE SIGNATURE

  
 FOREMAN/SUPERVISOR SIGNATURE

IB

## CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: CE#18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/Aviso de Ausencia Aprobado	
C. NO TIME INJURED/LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
LARKSPUR	RALS00 07	014.020	9										
PARADISE	DNPDD0 11	014.020			10								
SARATOGA	RAVES0 01	014.020				6							
ENCLAVE	RAVDE0 01	014.020				4							
ENCLAVE	RAVDE0 01	014.020					9						
LARKSPUR	RALS00 07	014.020						4					
PARADISE	DNPDD0 11	014.020						5					
			TIME IN	1:00	1:00	1:00	1:00	1:00					
1ST LUNCH:			OUT	10:00	10:00	11:00	12:30	12:00					
			IN	10:30	10:30	11:30	1:00	12:30					
2ND LUNCH:			OUT										
			IN										
			TIME OUT	4:30	5:30	5:30	4:30	4:30					
			REGULAR HOURS	8	8	8	8	8					
			O.T. HOURS	1	2	2	1	1					
			D.T. HOURS										
			TOTAL HOURS	9	10	10	9	9					

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	7			
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	47			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

Missing Signature

EMPLOYEE SIGNATURE

  
 FOREMAN/SUPERVISOR SIGNATURE

10

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: CE#18000 John Layout  
CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TRAVEL TIME	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
			1	2	3	4	5	6	7	0.407			
LARKSPUR	RALS00 07	014.020	9										
PARADISE	DNPDD00 11	014.020		10									
SARATOGA	RAVES00 01	014.020			6								
ENCLAVE	RAVDE00 01	014.020			4								
ENCLAVE	RAVDE00 01	014.020				9						1	
LARKSPUR	RALS00 07	014.020				4							
PARADISE	DNPDD00 11	014.020				5							
		TIME IN	7:00	7:00	7:00	7:00	7:00						
1ST LUNCH:	OUT	10:00	10:00	11:00	12:30	12:00							
	IN	10:30	10:30	11:30	1:00	12:30							
2ND LUNCH:	OUT												
	IN												
	TIME OUT	4:30	5:30	5:30	4:30	4:30							
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	1	2	2	1	1							
	D.T. HOURS												
	TOTAL HOURS	9	10	10	9	9							

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	7			
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	47		1	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout

Joe Rekow  
FOREMAN/SUPERVISOR

**FOREMAN/SUPERVISOR SIGNATURE**

# 2A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 2SSA - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/ OTH HRS
MANGINI RANCH	TMMR00 12	017.020	11										
RETREAT	KVRT00 56	017.061		4									
LAWRENCE ESTATE	SHLSES 0M	19.0D1		5									
LARKSPUR	RALS00 07	017.020		3.50									
FARMSTEAD	TMFM00 06	017.061			9								
STONES THROW	HTST00 13	017.061			2.50								
RETREAT	KVRT00 56	017.061				9.50							
FARMSTEAD	TMFM00 06	017.020					4.50						
STONES THROW	HTST00 13	017.020					5						
	TIME IN	6:00	6:00	6:00	6:00	6:00	6:00						
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	10:00	10:00						
	IN	10:30	10:30	10:30	10:30	10:30	10:30						
2ND LUNCH:	OUT												
	IN												
	TIME OUT	5:30	7:00	6:00	4:00	4:00							
	REGULAR HOURS	8	8	9	8	8							
	O.T. HOURS	3	4	3.50	1.50	1.50							
	D.T. HOURS		.50										
	TOTAL HOURS	11	12.50	11.50	9.50	9.50							

TOTAL REGULAR HOURS	40	TOTAL TRAVE TIME	
TOTAL O.T. HOURS	13.50		
TOTAL D.T. HOURS			
OTHER HOURS			
TOTAL FOR THE WEEK	53.50		

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
 EMPLOYEE SIGNATURE

Joe Rebar  
 FOREMAN/SUPERVISOR SIGNATURE

2B

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 255A - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

RETURN DATE/  
FECHA DE REGRESO

A. NO TIME SICK/ENFERMO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO
C. NO TIME INJURED/ LASTIMADO
D. NO TIME ON VACATION/VACACIONES
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO
F. OTHER/ OTRO MOTIVO

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
MANGINI RANCH	TMMR00 12	017.020	11										
RETREAT	KVRT00 56	017.061		4									
LAWRENCE ESTATE	SHLSES 0M	19.001		5									
LARKSPUR	RALS00 07	017.020		3.50									
FARMSTEAD	TMFM00 06	017.061			9								
STONES THROW	HTST00 13	017.061			2.50								
RETREAT	KVRT00 56	017.061				9.50							
FARMSTEAD	TMFM00 06	017.020					4.50						
STONES THROW	HTST00 13	017.020					5						
		TIME IN	6:00	6:00	6:00	6:00	6:00	6:00					
		OUT	10:00	10:00	10:00	10:00	10:00	10:00					
		IN	10:30	10:30	10:30	10:30	10:30	10:30					
		OUT											
		IN											
		TIME OUT	5:30	7:00	6:00	4:00	4:00						
		REGULAR HOURS	8	8	8	8	8						
		O.T. HOURS	3	4	3.50	1.50	1.50						
		D.T. HOURS		.50									
		TOTAL HOURS	11	12.50	11.50	9.50	9.50						

TOTAL REGULAR HOURS	40	TOTAL TRAVE TIME	
TOTAL O.T. HOURS	13.50		
TOTAL D.T. HOURS			
OTHER HOURS			
TOTAL FOR THE WEEK	53.50		

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

2C

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 255A - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO
C. NO TIME INJURED/ LASTIMADO
D. NO TIME ON VACATION/VACACIONES
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO
F. OTHER/ OTRO MOTIVO

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
MANGINI RANCH	TMMR00 12	017.020	11										
RETREAT	KVRT00 56	017.061		4									1
LAWRENCE ESTATE	SHLSES 0M	19.001		5									
LARKSPUR	RALS00 07	017.020		3.50									
FARMSTEAD	TMFM00 06	017.061			9								
STONES THROW	HTST00 13	017.061			2.50								
RETREAT	KVRT00 56	017.061				9.50							
FARMSTEAD	TMFM00 06	017.020					4.50						
STONES THROW	HTST00 13	017.020					5						
		TIME IN	6:00	6:00	6:00	6:00	6:00	6:00					
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	10:00	10:00	10:00					
	IN	10:30	10:30	10:30	10:30	10:30	10:30	10:30					
2ND LUNCH:	OUT												
	IN												
	TIME OUT	5:30	7:00	6:00	4:00	4:00	4:00						
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	3	4	3.50	1.50	1.50							
	D.T. HOURS		.50										
	TOTAL HOURS	11	12.50	11.50	9.50	9.50							

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	13.50			
TOTAL D.T. HOURS				
OTHER HOURS			1	
TOTAL FOR THE WEEK	53.50			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

3A What's wrong with this timecard?

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layton

**CREW NUMBER AND FOREMAN:** 25 SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layton  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

3B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Lay Out  
CREW NUMBER AND FOREMAN: 25 SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

**Thursday in and out hours do not add up correctly. In and outs add up to 10 hours.**

		TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40	1.50		\$40	
TOTAL O.T. HOURS	5				
TOTAL D.T. HOURS					
OTHER HOURS					
TOTAL FOR THE WEEK	45	1.50		\$40	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layton  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIG

**FOREMAN/SUPERVISOR SIGNATURE**

3c

# CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
CREW NUMBER AND FOREMAN: 25 SA - Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layton  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar

**FOREMAN/SUPERVISOR SIGNATURE**

# 4A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: John Layout

CREW NUMBER AND FOREMAN: 25 SA - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
CASCADA	WSCA00 13	014.020	4							1.50			
HEIRDON VERONA	MHHV00 19	014.020	4										
CASCADA	WSCA00 13	014.020		5						1.50			
SUMMIT	LGTS00 01			5									
ARLINGTON	DRAR00 03	014.020			10					1.50			
SUMMIT	LGTS00 01	014.020				5							
LIBERTY	LGLY00 17	014.020				5							
ARLINGTON	DRAR00 03	014.020					5			1.50			
SAND PONTE	RASP00 24	014.020					4						
HEIRDON VERONA	MHHV00 10	014.020						8					
			TIME IN	7:00	7:00	7:00	7:00	7:00	7:00				
1ST LUNCH:	OUT		10:00	10:00	10:00	10:00	10:00	10:00	10:00				
	IN		10:30	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:	OUT												
	IN												
	TIME OUT		3:30	5:30	5:30	5:30	4:30	3:30					
	REGULAR HOURS		8	8	8	8	8						
	O.T. HOURS			2	2	2	1	8					
	D.T. HOURS												
	TOTAL HOURS		8	10	10	10	9	8					

TOTAL REGULAR HOURS	40		TOTAL TRAVE TIME		MEAL COMP	PER DIEM	OTH HRS
TOTAL O.T. HOURS	15						
TOTAL D.T. HOURS							
OTHER HOURS							
TOTAL FOR THE WEEK	55		6				

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

Freddy Formset

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

4B

CONCRETE VALUE CORP

## Missing Employee Number

EMPLOYEE NUMBER AND NAME: John Layout  
CREW NUMBER AND FOREMAN: 25 SA - Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

	RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

Freddy Formset

**EMPLOYEE SIGNATURE** Name at top does not match Signature

Joe Rebar

**FOREMAN/SUPERVISOR SIGNATURE**

4c

CONCRETE VALUE CORP

EE#18000

**EE#18000** EMPLOYEE NUMBER AND NAME: John Layout

CREW NUMBER AND FOREMAN: 25 SA - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

	RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

Freddy Formset

EMPLOYEE SIGNATURE *John Layout* 4/12/2022

Joe Rebar

**FOREMAN/SUPERVISOR SIGNATURE**

# 5A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF:

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TRAVEL TIME	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
			1	2	3	4	5	6	7	0.407			
LARKSPUR	RALS00 07	014.020	10										
SARATOGA	RAVES0 01	014.020		11									
ENCLAVE	RAVDE0 01	014.020			10								
ENCLAVE	RAVDE0 01	014.020											
PARADISE	DNPDD0 11	014.020					9						
PARADISE	DNPDD0 11	014.020						9					
		TIME IN	7:00	7:00	7:00	7:00	7:00	7:00	7:00				
1ST LUNCH:		OUT	10:00	10:00	10:00	10:00	10:00	10:00	10:00				
		IN	10:30	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:		OUT											
		IN											
	TIME OUT	5:30	6:30	5:30	4:30	4:30	4:30						
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	2	3	2	1	1	1						
	D.T. HOURS												
	TOTAL HOURS	10	11	10	9	9	9						
	TOTAL REGULAR HOURS							40					
	TOTAL O.T. HOURS							18					
	TOTAL D.T. HOURS												
	OTHER HOURS												
	TOTAL FOR THE WEEK							58					
	TOTAL TRAVE TIME												
	MEAL COMP												
	PER DIEM												
	OTH HRS												

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hour shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

5B

## CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF: Missing Week Dates

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
LARKSPUR	RALS00 07	014.020	10										
SARATOGA	RAVES0 01	014.020		11									
ENCLAVE	RAVDE0 01	014.020				10							
ENCLAVE	RAVDE0 01	014.020					Missing Hours						
PARADISE	DNP D00 11	014.020						9					
PARADISE	DNP D00 11	014.020						9					
			TIME IN	7:00	7:00	7:00	7:00	7:00	7:00				
1ST LUNCH:			OUT	10:00	10:00	10:00	10:00	10:00	10:00				
			IN	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:			OUT										
			IN										
			TIME OUT	5:30	6:30	5:30	4:30	4:30	4:30				
			REGULAR HOURS	8	8	8	8	8					
			O.T. HOURS	2	3	2	1	1	9				
			D.T. HOURS										
			TOTAL HOURS	10	11	10	9	9	9				
											TOTAL TRAVE TIME	MEAL COMP	PER DIEM
													OTH HRS
			TOTAL REGULAR HOURS					40					
			TOTAL O.T. HOURS					18					
			TOTAL D.T. HOURS										
			OTHER HOURS										
			TOTAL FOR THE WEEK					58					

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

5C

## CONCRETE VALUE CORP

RETURN DATE/  
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/OTH HRS
LARKSPUR	RALS00 07	014.020	10										
SARATOGA	RAVES0 01	014.020		11									
ENCLAVE	RAVDE0 01	014.020				10							
ENCLAVE	RAVDE0 01	014.020					9						
PARADISE	DNP D00 11	014.020						9					
PARADISE	DNP D00 11	014.020						9					
		TIME IN	7:00	7:00	7:00	7:00	7:00	7:00	7:00				
1ST LUNCH:		OUT	10:00	10:00	10:00	10:00	10:00	10:00	10:00				
		IN	10:30	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:		OUT											
		IN											
	TIME OUT	5:30	6:30	5:30	4:30	4:30	4:30						
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	2	3	2	1	1	1	9					
	D.T. HOURS												
	TOTAL HOURS	10	11	10	9	9	9						

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	18			
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	58			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hour shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout  
EMPLOYEE SIGNATURE

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

6A What's wrong with this timecard? \_\_\_\_\_

RETURN DATE/  
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

	FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layent  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Jr. Relan  
FOREMAN/SUPERVISOR SIGNATURE

**FOREMAN/SUPERVISOR SIGNATURE**

6B

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
 CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

RETURN DATE/  
FECHA DE REGRESO

A. NO TIME SICK/ENFERMO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO
C. NO TIME INJURED/ LASTIMADO
D. NO TIME ON VACATION/VACACIONES
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO
F. OTHER/ OTRO MOTIVO

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/ OTH HRS
			1	2	3	4	5	6	7				
VILLAGE A-3	CCVA3D DIF	027.020	N	8						1.50			
			O										
MILESTONE	TMMS00 00F	19.004	T		7								
			I										
MANGINI RANCH	TMMR00 11F	027.020	M			13							1
			E										
RIO DEL DRO	KVR000 04F	027.020					9						
	TIME IN		7:00	7:00	7:00	7:00							
1ST LUNCH:	OUT		11:00	11:00	11:00	11:00							
	IN		11:30	11:30	11:30	11:30							
2ND LUNCH:	OUT												
	IN												
	TIME OUT		3:30	8:30	4:30								
	REGULAR HOURS		8	7	8	8							
	O.T. HOURS				4	1							
	D.T. HOURS					1							
	TOTAL HOURS		0	8	7	13	9						
	TOTAL REGULAR HOURS						31			1.50			
	TOTAL O.T. HOURS						5						
	TOTAL D.T. HOURS						1						
	OTHER HOURS						1						1
	TOTAL FOR THE WEEK						38			1.50			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

60

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
CREW NUMBER AND FOREMAN: 25SA- Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

A. NO TIME SICK/ENFERMO	FECHA DE REGRESO
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layent  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

For Relax  
FOREMAN/SUPERVISOR SIGNATURE

7A

# What's wrong with this timecard?

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
CREW NUMBER AND FOREMAN: 255A - Joe Rebar

**WEEK OF:** 4/4/2022 - 4/10/2022

JOB DESCRIPTION	JOB CODE	LABOR CODE	F. OTHER/ OTRO MOTIVO							MEAL COMP	PER DIEM (H)	SICK/ OTH HRS
			MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7			
TERRAZA	DRTZ00 05	017.020	10									
WILLOWS	PWVN0017	017.020		8								
ENTRADA	SPEN00 10	017.020			10							
BRIDGEWAY	LGBL00 02	014.020					4					
TREVATO	KBTVO0 15	014.020					2					
SUMMIT	LGTSD0 01	017.020					13				1	
		TIME IN	7:00	7:00	7:00	7:00	7:00					
1ST LUNCH:		OUT	10:00	10:00	10:00	10:00	10:00	10:00				
		IN	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:		OUT						3:00				
		IN						3:30				
		TIME OUT	5:30	4:30	5:30	3:30	9:00					
	REGULAR HOURS		8	8	8	8	8					
	O.T. HOURS		2	1	2		4					
	D.T. HOURS						1					
	TOTAL HOURS		10	9	10	8	13					

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

John Layent  
EMPLOYEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

**FOREMAN/SUPERVISOR SIGNATURE**

7B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layout  
CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

**WEEK OF: 4/4/2022 - 4/10/2022**

	RETURN DATE/ FECHA DE REGRESO
A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

**Tuesday top and bottom hours  
do not match**

TOTAL REGULAR HOURS  
TOTAL O.T. HOURS  
TOTAL D.T. HOURS  
OTHER HOURS  
TOTAL FOR THE WEEK

IN HOURS	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
40				
9				
1				
1			1	
51				

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight- hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

TJL

John Layent  
JOEE SIGNATURE

**EMPLOYEE SIGNATURE**

Joe Rebar  
FOREMAN/SUPERVISOR SIGNATURE

**FOREMAN/SUPERVISOR SIGNATURE**

7C

## CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#18000 John Layant  
 CREW NUMBER AND FOREMAN: 25SA - Joe Rebar

WEEK OF: 4/4/2022 - 4/10/2022

RETURN DATE/  
FECHA DE REGRESO

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/ AVISO DE AUSENCIA APROVADO	
C. NO TIME INJURED/ LASTIMADO	
D. NO TIME ON VACATION/VACACIONES	
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/ OTH HRS
TERRAZA	DRTZ00 05	017.020	10										
WILLOWS	PWVN00 17	017.020		X9		<i>JL</i>	<i>4/12/2022</i>						
ENTRADA	SPEN00 10	017.020			10								
BRIDGEWAY	LGBL00 02	014.020					4						
TREVATO	KBTVO0 15	014.020					2						
SUMMIT	LGTSD0 01	017.020					13				<i>X</i>		
	TIME IN	7:00	7:00	7:00	7:00	7:00							
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	10:00	10:00						
	IN	10:30	10:30	10:30	10:30	10:30	10:30						
2ND LUNCH:	OUT						3:00						
	IN						3:30						
	TIME OUT	5:30	4:30	5:30	3:30	9:00							
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	2	1	2		4							
	D.T. HOURS					1							
	TOTAL HOURS	10	9	10	8	13							

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	OTH HRS
TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	9			
TOTAL D.T. HOURS	1			
OTHER HOURS	1			<i>X</i>
TOTAL FOR THE WEEK	51			

I understand that I am entitled to a rest period of 10 minutes net rest for each 4 hours of work or major fraction thereof. This means that I am entitled to two 10-minute rest periods for an eight-hours shift. In addition, I understand that I am entitled to a meal period of not less than 30 minutes if I work more than 5 hours in a day. If I work more than 10 hours in a day, I understand that I am entitled to a second meal period of at least 30 minutes. I understand that I may not waive my first meal period if I work more than 6 hours in a day. I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

*John Layant*

EMPLOYEE SIGNATURE

*Joe Rebar*

FOREMAN/SUPERVISOR SIGNATURE