

Div 5 - Safety, Payroll and HR

Training Guide

- 2022

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
CREW NUMBER AND FOREMAN: 25CV - 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
ASPIRE BEII	KVAB20 29	016.020	11										
STONERIDGE	DRSS00 03	016.020		8									
TRAINING	VAC5	90.92			8								
THE VILLAS	DRTVO0 05	016.020					10						
BLACK OAKS III	WSB080 10	016.020						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						
		IN	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	SICK/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.

EMPLOYEE SIGNATURE

FOREMAN/SUPERVISOR SIGNATURE

PAYROLL STATUS CHANGE

TODAYS DATE

4 / 1 / 22

NAME: John Layout

EMPLOYEE # 15000

NEW
ADDRESS

STREET

CITY, STATE, ZIP

TELEPHONE

CHANGE

CO #

FROM

TO

8

AREA / DIVISION

DEPARTMENT #

JOB DESCRIPTION

REPORTS TO

WAGE

REASON FOR CHANGE

- | | |
|-----------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> RESIGNATION with notice -Last day worked: |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> RESIGNATION without notice-Last day worked: |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> TERMINATION - Last day worked: |
| <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> LAYOFF- Last day worked: |
| | <input type="checkbox"/> OTHER -Last day worked: |
| | <input type="checkbox"/> REHIREABLE YES OR NO |
| <input type="checkbox"/> 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

 YES NO

TO 4/8/22

CHARGE TO SICK

 YES NO

OF HOURS 40

OF DAYS 5

EMPLOYEE SIGNATURE

AUTHORIZED BY

x John Layout

x Joe Rebar

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 2SCV - 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	4/11/2022
E. NO TIME- LACK OF WORK/FALTA DE TRABAJO	
F. OTHER/ OTRO MOTIVO	

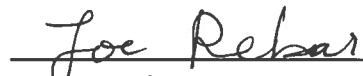
JOB DESCRIPTION	JOB CODE	LABOR CODE	MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7	TRAVEL TIME 0.407	MEAL COMP	PER DIEM (H)	SICK/ OTH HRS
VACATION			D										
VACATION				D									
VACATION					D								
VACATION						D							
VACATION							D						
		TIME IN											
1ST LUNCH:		OUT											
IN													
2ND LUNCH:		OUT											
IN													
TIME OUT													
REGULAR HOURS													
O.T. HOURS													
D.T. HOURS													
TOTAL HOURS													

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.



EMPLOYEE SIGNATURE



FOREMAN/SUPERVISOR SIGNATURE

PAYROLL STATUS CHANGE

TODAYS DATE

4 / 5 / 22

NAME: John Layout

EMPLOYEE # 15000

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: 4/10/22

COMMENTS:

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 John Layout x Joe Rebar

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
VACATION	VAC5	90.90											8
DORADO PLUMAS	DRDD00 01	014.020		10									
FIELDING VILLAS	KBFLV0 01	014.020			10								
BLACK OAKS III	WSB030 10	014.020					11						
GRAHAM GROVE	WSGG00 08	014.020						8					
			TIME IN	7:00	7:00	7:00	7:00						
1ST LUNCH:	OUT		10:00	10:00	10:00	10:00	10:00						
	IN		10:30	10:30	10:30	10:30	10:30						
2ND LUNCH:	OUT												
	IN												
	TIME OUT		5:30	5:30	6:30	3:30							
	REGULAR HOURS		8	8	8	8							
	O.T. HOURS		2	2	3								
	D.T. HOURS												
	TOTAL HOURS		10	10	11	8							

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ 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 Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

PAYROLL STATUS CHANGE

TODAYS DATE

4 / 7 / 22

NAME: John Layout

EMPLOYEE # 15000

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: 4/10/22

COMMENTS:

VACATION / SICK TIME OFF REQUEST

FROM 4/6/22	CHARGE TO VACATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TO 4/6/22	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 Rebar

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
CHERRY CREEK	DRCC00 07	017.060	10.50										
EL PASEO PARK PLACE	BOPPO0 02	017.060			10								
SICK PAY	VAC5	90.98											8
GABLES II	WSGB00 03	017.060					6						
VALLEY MEADOWS II	WSVM20 07	017.060					5						
CHERRY CREEK	DRCC00 07	017.060						10					
GABLES II	WSGB00 03	017.060							6				
			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					
	IN	10:30	10:30			10:30	10:30	10:30					
2ND LUNCH:	OUT												
	IN												
	TIME OUT	6:00	5:30			6:30	5:30	1:30					
	REGULAR HOURS	8	8			8	8	6					
	O.T. HOURS	2.50	2			3	2						
	D.T. HOURS												
	TOTAL HOURS	10.50	10			11	10	6					
	TOTAL REGULAR HOURS						38						
	TOTAL O.T. HOURS						9.50						
	TOTAL D.T. HOURS												
	OTHER HOURS						8						
	TOTAL FOR THE WEEK						55.50						

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

Resignation without Notice

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____		EMPLOYEE # _____
NEW ADDRESS	STREET _____	
	CITY, STATE, ZIP _____	
	TELEPHONE _____	
CHANGE		
	FROM	TO
CO #		
AREA / DIVISION		
DEPARTMENT #		
JOB DESCRIPTION		
REPORTS TO		
WAGE		
REASON FOR CHANGE		
<input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETIREMENT <input type="checkbox"/> MERIT INCREASE Effective date / week ending: _____		
<input type="checkbox"/> RESIGNATION with notice - <i>Last day worked:</i> _____ <input checked="" type="checkbox"/> RESIGNATION without notice - <i>Last day worked:</i> _____ <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"/> REHIREABLE YES OR ✓ NO		
COMMENTS: No Call, No Show (3) unreported absences: (list 3 dates)		

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**

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

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

**** CONVIERTA ESTO DE INMEDIATO**

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	5	
DEPARTMENT #	55 CV	
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

Division Manager
DIV MANAGER

X

X

REV 08/13

** TURN THIS IN RIGHT AWAY

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	5	
DEPARTMENT #	55 CV	
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

Division Manager
DIV MANAGER

X

X

REV 08/13

** CONVIERTE ESTO DE INMEDIATO

Resignation with Notice

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME: _____ EMPLOYEE # _____		
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
CHANGE		
	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	
CHANGE		
	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 4 / 16 / 22
NAME: Rob Rebar		EMPLOYEE # 5678

NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
CHANGE		
	FROM	TO
CO #	8	
AREA / DIVISION	5	
DEPARTMENT #	55 CV	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

REASON FOR CHANGE

- PROMOTION
- DEMOTION
- TRANSFER
- RETIREMENT

RESIGNATION with notice-*Last day worked:* **4/16/22**

- 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) **4/1/2022**

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 **Division Manager**
X **DIV MANAGER**

** TURN THIS IN RIGHT AWAY

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

NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
CHANGE		
	FROM	TO
CO #	8	
AREA / DIVISION	5	
DEPARTMENT #	55 CV	
JOB DESCRIPTION		
REPORTS TO		
WAGE		

REASON FOR CHANGE

- PROMOTION
- DEMOTION
- TRANSFER
- RETIREMENT

RESIGNATION with notice-*Last day worked:* **4/16/22**

- 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) **4/1/2022**

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 **Division Manager**
X **DIV MANAGER**

** CONVIERTE ESTO DE INMEDIATO

REV 08/13

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
CREW NUMBER AND FOREMAN: 25 CV - 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
DORADO PLUMAS	DRDD00 01	014.020	8										
GRAHAM GROVE	WSGG00 08	014.020			4								
FIELDING VILLAS	KBFLV0 01	014.020			5								
BLACK OAKS III	WSB030 10	014.020				9							
		TIME IN	7:00	7:00	7:00								
1ST LUNCH:		OUT	11:00	11:00	11:00								
2ND LUNCH:		IN	11:30	11:30	11:30								
TIME OUT		3:30	4:30	4:30									
REGULAR HOURS		8	8	8									
O.T. HOURS			1	1									
D.T. HOURS													
TOTAL HOURS		8	9	9									

	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/OTH HRS
TOTAL REGULAR HOURS	24			
TOTAL O.T. HOURS	2			
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	26			

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

Employee Warning/Termination Notice

Attendance - WW

PLEASE PRINT CLEARLY

Employee Name _____

Employee# _____

Department _____

Date of Warning _____

Type of Violation

- | | |
|---------------------------------------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Attendance | Insubordination |
| <input type="checkbox"/> Lateness or Early Quit | Carelessness |
| <input type="checkbox"/> Rudeness to Employee or Customers | Willful Damage to Material or Equipment |
| <input type="checkbox"/> Unsatisfactory Work Quality | Violation of Safety Rules |
| <input type="checkbox"/> Failure to Follow Instruction | Working on Personal Matters |
| <input checked="" type="checkbox"/> 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

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

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 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
 - This process is for any time you receive a Dr. Note

FMLA/ CFRA

- 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;
 - cualquier exigencia calificada que surja del hecho de que el cónyuge, hijo, hija o padre del empleado es un miembro militar cubierto en "servicio activo cubierto";
- 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
 - Este es el proceso para cualquier momento que reciba una nota de doctor

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME:		EMPLOYEE #
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
CHANGE		
	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

PAYROLL STATUS CHANGE		TODAYS DATE / /
NAME:		EMPLOYEE #
NEW ADDRESS	STREET	
	CITY, STATE, ZIP	
	TELEPHONE	
CHANGE		
	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

REV 08/13

REV 08/13

RETURN DATE/
FECHA DE REGRESO

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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	

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
			B										
				B									
					B								
						B							
							B						
									B				
		TIME IN											
1ST LUNCH:	OUT												
	IN												
2ND LUNCH:	OUT												
	IN												
	TIME OUT												
	REGULAR HOURS												
	O.T. HOURS												
	D.T. HOURS												
	TOTAL HOURS												

TOTAL REGULAR HOURS	\varnothing	TOTAL MEAL COMP	PER DIEM	SICK/ OTH HRS
TOTAL O.T. HOURS				
TOTAL D.T. HOURS				
OTHER HOURS				
TOTAL FOR THE WEEK	\varnothing			

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



Foundation For Success

CREATING
VALUE FOR
CUSTOMERS

Fresno Office: 559.276.6050

Main Office 916.852.6030

Fax 916.852.7477

CVC Offices

HUMAN RESOURCES

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
- 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
- Si trabajan más de 12 tienen derecho a una segunda comida
 - o si optan por renunciar al almuerzo, proporcione una compensación de comida.

It is Your Responsibility to Prevent Prohibited Harassment

Harassment can be verbal (such as slurs, jokes, insults, epithets, gestures, or teasing), graphic (such as offensive posters, symbols, cartoons, drawings, computer displays, or e-mails), visual conduct, or physical conduct (such as physically threatening another person, blocking someone's way, etc.), threats, demands and retaliations.

Prohibited Conduct. Examples of conduct that violates this policy include:

- Unwelcome sexual advances, flirtations, advances, leering, whistling, touching, pinching, assault, blocking normal movement
- Requests for sexual favors or demands for sexual favors in exchange for favorable treatment
- Obscene or vulgar gestures or comments based on any protected characteristic
- Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies
- Propositions or suggestive or insulting comments of a sexual nature
- Derogatory cartoons, posters, or drawings based on any protected characteristic
- Sexually-explicit e-mails, text messages or voicemails
- Uninvited touching of a sexual nature
- Unwelcome sexually-related comments
- Conversation about your own or someone else's sex life
- Conduct or comments consistently targeted at only one gender, even if the content is not sexual
- Teasing or other conduct directed toward a person because of that person's gender
- Retaliation for having reported or threatened to report harassment or discrimination

Reporting Procedures

- If you believe someone has violated this policy, you must bring the matter to the attention of your manager, Human Resources, or any other member of management.
- As a Foreman or Supervisor, you are a member of management. So if someone complains to you – you must report it to HR so a proper investigation can be completed
- All members of Management (this means you too), can be held liable if they are not upholding the company policy and failing to take action.

Retaliation

- People must feel free to be able to have the freedom to file a complaint.
- You have to allow the investigation to occur and not retaliate against any employee involved. Just go about business as usual
- Retaliation can take a variety of forms, for example:
 - Less desirable schedule
 - Micromanagement
 - Exclusion from activities
 - Missed training opportunities
 - Teasing or hazing



Human Resources at Your Fingertips!

Human Resource Self-Service (HRSS)

View your Paystubs whenever you want!

View your W-2

View sick hours that are available to you

Go to <https://mobiletc.concretevalue.com/ess>

Go to our website to use a clickable link concretevalue.com

A screenshot of a web-based login interface. At the top left is the CVC logo. To the right are links for "Forgot Username" and "Forgot Password". Below the logo is a large light blue rectangular field. In the center, there are two yellow rectangular input fields labeled "Username" and "Password", each paired with a white input box. Below these is a blue rectangular "Login" button. At the bottom of the page, there are two links: "Don't have an account?" and "Sign Up", both in blue text. A footer bar at the very bottom contains the text "powered by Computer Guidance Corporation" on the left and "Copyright © 1981 - 2022 All rights reserved." on the right.

[Home](#)[Personal Info](#)[Pay History](#)[Benefits](#)[Time Entry](#)[Update Info](#)[Logout](#)

Welcome [REDACTED]

Company/Division 2/0 - CVC HOLDING CORP ▾

Announcements

Pay Summary

Last Paycheck:

401K Contribution Progress Towards Annual Maximum Limit (\$15,500.00)

Year-to-Date Gross
\$0.00

\$0 \$2,000 \$4,000 \$6,000 \$8,000 \$10,000 \$12,000 \$14,000

Leave & Holiday Benefits

2022 ▾

Request Time Off

Vacation Hours

Used: 0

Available: -5.18

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

HR Self Service powered by
COMPUTER GUIDANCE CORPORATION

Version:0502010923

[Home](#)[Personal Info](#)[Pay History](#)[Benefits](#)[Time Entry](#)[Update Info](#)[Logout](#)

Welcome

Company/Division 2/0 - CVC HOLDING CORP ▾

Demographics**Contact Information**

Address:
Home Phone:
Cell Phone:

Key Dates

Driver License Exp:
Hire Date:
Date of Birth:

Payroll Tax Information

Tax Status:
Federal Exemptions:
Additional Tax Amount:
Additional Tax Percent:

Emergency Contacts

Name

Home Phone:

Skills

Emp Class-Type

Certification

Issuing Agency

State/Local

Effective

Expires

Last Activity

Description



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Version:05020210923



Home Personal Info Pay History Benefits Time Entry Update Info Logout

Welcome Company/Division 2/0 - CVC HOLDING CORP ▾

Paychecks W2/T4's 1095C

Check Number	Check Date	Check Amount

No items to display



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Confidential & Proprietary to CVC – Not Authorized for
Distribution



Home Personal Info Pay History Benefits Time Entry **Update Info** Logout

Welcome

Company/Division 2/0 - CVC HOLDING CORP

Profile

Save

User Name

Email

Language

English

Demographics

Save

Address 1:

Home Phone:

Address 2:

Cell Phone:

City/State/Zip Code:

Dependents *Please note: The IRS requires that your employer report your dependents information in order to comply with the Affordable Care Act.*

+ Add new record

✓ Save changes

✗ Cancel changes

Dependent Name

Relationship

Gender

Social Security No

Date of Birth

Emergency Contacts

Save

Name

Phone



HR Self Service powered by
COMPUTER GUIDANCE CORPORATION

Version:05020210923



Forgot your User name or Password?

1. Click the Forgot Username or Password buttons.
2. You are all currently signed up with an HR email. We will show you how to update this if you choose.
3. If you are using the HR email call Human Resources to retrieve your temporary password or username.

A screenshot of a login page for "Computer Guidance Corp". The page features a logo at the top left and two yellow rectangular buttons on the right labeled "Forgot Username" and "Forgot Password", which are highlighted with a red arrow. Below these buttons are input fields for "Username" and "Password", and a "Login" button. At the bottom of the page, there are links for "Don't have an account?" and "Sign Up", along with copyright information: "powered by Computer Guidance Corporation" and "Copyright © 1981 - 2022 All rights reserved.".

What's wrong with this time card?

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE#15000 John Layout
CREW NUMBER AND FOREMAN: 25CV - 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
GRAHAM GROVE	WSGG00 D8	013.020	9										
BLACK OAKS III	WSB030 10	014.020		8									
FIELDING VILLAS	KBFLV0 01	013.020			9								
DORADO PLUMAS	DRDD00 01	013.020				9							
BLACK OAKS III	WSB030 10	013.020					8						
			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	10:00					
	IN	10:30	10:30	10:30	10:30	10:30	10:30	10:30					
2ND LUNCH:	OUT												
	IN												
	TIME OUT	4:30	3:30	4:30	4:30	3:30							
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	1		1	1								
	D.T. HOURS												
	TOTAL HOURS	9	8	9	9	8							
										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ OTH HRS
										40			
										3			
										43			

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

Timecard unacceptable due to white out.

CONCRETE VALUE CORP

RETURN DATE/
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE#15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV-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				
GRAHAM GROVE	WSGG00 08	013.020	9										
BLACK OAKS III	WSBO30 10	014.020		8									
FIELDING VILLAS	KBFLV0 01	013.020			9								
DORADO PLUMAS	DRDD00 01	013.020				9							
BLACK OAKS III	WSBO30 10	013.020					8						
			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	4:30	3:30	4:30	4:30	3:30						
		REGULAR HOURS	8	8	8	8	8						
		O.T. HOURS	1		1	1							
		D.T. HOURS											
		TOTAL HOURS	9	8	9	9	8						
		TOTAL REGULAR HOURS								TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/OTH HRS
		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-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 voluntarily.

John Layant

EMPLOYEE SIGNATURE

40				
3				
43				

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

1A 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: 25CV - 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
MISSION VILLAGE 5A	DRMVSS 01	013.020	9										
THE VILLAS	DRTVOO 01	013.020		10									
MORAGA SUMMER	LEMSUO 04	013.020			6								
MORAGA 2	LEMG20 01L	535.070				4							
MORAGA 2	LEMG20 01L	535.070					9						
THE VILLAS	DRTVOO 01	013.020						4					
MISSION VILLAGE 5A	DRMVSS 01	013.020						5					
		TIME IN	7:00	7:00	7:00	7:00	7:00						
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	12:30	12:00						
	IN	10:30	10:30	10:30	10:30	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 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

Joe Rebar
 FOREMAN/SUPERVISOR SIGNATURE

IB

CONCRETE VALUE CORP

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

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

RETURN DATE/ FECHA DE REGRES
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
MISSION VILLAGE SA	DRMVSS 01	013.020	9										
THE VILLAS	DRTVOO 01	013.020		10									
MORAGA SUMMER	LEMSUO 04	013.020				6							
MORAGA 2	LEMG20 01L	535.070				4							
MORAGA 2	LEMG20 01L	535.070					9						
THE VILLAS	DRTVOO 01	013.020						4					
MISSION VILLAGE SA	DRMVSS 01	013.020						5					
			TIME IN	7:00	7:00	7:00	7:00	7:00					
			OUT	10:00	10:00	10:00	12:30	12:00					
			IN	10:30	10:30	10:30	1:00	12:30					
			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 REGULAR HOURS	40	TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ 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-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 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 voluntarily.

EMPLOYEE SIGNATURE

Missing Signature

Joe Rebar
 FOREMAN/SUPERVISOR SIGNATURE

IC

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 18000 John Layout
 CREW NUMBER AND FOREMAN: 25CV- 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
MISSION VILLAGE 5A	DRMVSS 01	013.020	9										
THE VILLAS	DRTVOO 01	013.020		10									
MORAGA SUMMER	LEMSUO 04	013.020				6							
MORAGA 2	LEMG20 01L	535.070				4							
MORAGA 2	LEMG20 01L	535.070					9						1
THE VILLAS	DRTVOO 01	013.020						4					
MISSION VILLAGE 5A	DRMVSS 01	013.020						5					
			TIME IN	7:00	7:00	7:00	7:00	7:00					
1ST LUNCH:	OUT	10:00	10:00	10:00	10:00	12:30	12:00						
	IN	10:30	10:30	10:30	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 REGULAR HOURS						40						
	TOTAL O.T. HOURS						7						
	TOTAL D.T. HOURS												
	OTHER HOURS						1						1
	TOTAL FOR THE WEEK							97 48 TK	4/11/2022				

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 4/11/2022
 EMPLOYEE SIGNATURE

40			
7			
1			
97 48 TK	4/11/2022		

Joe Rebar
 FOREMAN/SUPERVISOR SIGNATURE

2A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
CREW NUMBER AND FOREMAN: 25CV - 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
DORADO PLUMAS	DRDD00 01	017.020	11										
THE VILLAS	DRTV00 01	017.020		4									
MISSION VILLAGE	DRMV85 01	017.020		5									
MORAGA 2	LEMG20 01L	535.070		3.50									
MORAGA 2	LEMG20 01L	535.070			9								
BLACK OAKS III	WSB030 10	017.020			2.50								
FIELDING VILLAS	KBFLV0 01	017.020				9.50							
THE VILLAS	DRTV00 01	017.020					4.50						
DORADO PLUMAS	DRDD00 01	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	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 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# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
DORADO PLUMAS	DRDD00 01	017.020	11										
THE VILLAS	DRTV00 01	017.020		4									
MISSION VILLAGE	DRMV55 01	017.020		5									
MORAGA 2	LEMG20 01L	535.070		3.50									
MORAGA 2	LEMG20 01L	535.070			9								
BLACK OAKS III	WSB030 10	017.020			2.50								
FIELDING VILLAS	KBFLV0 01	017.020				9.50							
THE VILLAS	DRTV00 01	017.020						4.50					
DORADO PLUMAS	DRDD00 01	017.020						5					
		TIME IN	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	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 O.T. HOURS						13.50						
	TOTAL D.T. HOURS												
	OTHER HOURS												
	TOTAL FOR THE WEEK						53.50						

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 voluntarily.

John Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

2C

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
DORADO PLUMAS	DRDD00 01	017.020	11										
THE VILLAS	DRTV00 01	017.020		4									1
MISSION VILLAGE	DRMV85 01	017.020		5									
MORAGA 2	LEMG20 01L	535.070		3.50									
MORAGA 2	LEMG20 01L	535.070			9								
BLACK OAKS III	WSB030 10	017.020			2.50								
FIELDING VILLAS	KBFLV0 01	017.020				9.50							
THE VILLAS	DRTV00 01	017.020					4.50						
DORADO PLUMAS	DRDD00 01	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 O.T. HOURS				13.50							
		TOTAL D.T. HOURS											
		OTHER HOURS				1							1
		TOTAL FOR THE WEEK					58 50	54.50	TR	4/11/2022			

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

3B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
ASPIRE BELLEVUE	KVAB20 29	016.020	10										
STONERIDGE	DRSS00 03	016.020			10								\$40
THE VILLAS	DRTV00 05	016.020				8							
BLACK OAKS III	WSB030 10	016.020					8						
		016.020							9				
Missing Job Code													
			TIME IN	6:00	6:00	6:30	6:00	7:00					
1ST LUNCH:			OUT	10:00	10:00	10:30	10:00	11:00					
			IN	10:30	10:30	11:00	10:30	11:30					
2ND LUNCH:			OUT										
			IN										
			TIME OUT	4:30	4:30	3:00	4:30	4:30					
			REGULAR HOURS	8	8	8	8	8					
			O.T. HOURS	2	2				1				
			D.T. HOURS										
			TOTAL HOURS	10	10	8	8	9					

TOTAL REGULAR HOURS	40						
TOTAL O.T. HOURS	5						
TOTAL D.T. HOURS							
OTHER HOURS							
TOTAL FOR THE WEEK	45						

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

3C

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
ASPIRE BELLEVUE	KVAB 20 29	016.020	10										
STONERIDGE	DRSS00 03	016.020		10									\$ 40
THE VILLAS	DRTV 00 05	016.020			8								
BLACK OAKS III	WSB030 10	016.020					X 10 ^{4/11/2022}						
STONERIDGE P	DRSS00 03	016.020					9						
			TIME IN	6:00	6:00	6:30	6:00	7:00					
1ST LUNCH:			OUT	10:00	10:00	10:30	10:00	11:00					
			IN	10:30	10:30	11:00	10:30	11:30					
2ND LUNCH:			OUT										
			IN										
			TIME OUT	4:30	4:30	3:00	4:30	4:30					
			REGULAR HOURS	8	8	8	8	8					
			O.T. HOURS	2	2		2 ^{JK}	1 ^{4/11/2022}					
			D.T. HOURS										
			TOTAL HOURS	10	10	8	X 10 ^{4/11/2022}	9					
			TOTAL REGULAR HOURS				40						\$ 40
			TOTAL O.T. HOURS				X 7 ^{JK}						
			TOTAL D.T. HOURS					4/11/2022					
			OTHER HOURS										
			TOTAL FOR THE WEEK				X 47 ^{TR}	4/11/2022					\$ 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-hour shift. Additionally, 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 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 voluntarily.

John Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

4B

CONCRETE VALUE CORP

Missing Employee Number

EMPLOYEE NUMBER AND NAME: John Layout

CREW NUMBER AND FOREMAN: 25CV - 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	

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
SOUTHPOINTE	DRSP00 04	017.020	4										
THE VILLAS	UCTV00 07	017.020	4										
PANORAMA II	DRPM20 06	017.020		5									
SOUTHPOINTE	DRSP00 04	Missing Labor Code		5									
DORADO PLUMAS	DRDD00 01	017.020			10								
BLACK OAKS III	WSB030 10	017.020				5							
FIELDING VILLAS	KBFLV0 01	017.020				5							
FIELDING VILLAS	KBFLV0 01	017.020					5						
BLACK OAKS III	WSB030 10	017.020					4						
STONERIDGE	DRSS00 03	017.020						8					
			TIME IN	7:00	7:00	7:00	7:00	7:00	7:00				
			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	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 O.T. HOURS					15					
			TOTAL D.T. HOURS										
			OTHER HOURS										
			TOTAL FOR THE WEEK					55					

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 voluntarily.

Freddy Formset

EMPLOYEE SIGNATURE

Signature does not match
employee name on top.

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

4C

CONCRETE VALUE CORP

EE#15000

EMPLOYEE NUMBER AND NAME: John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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	

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
SOUTHPOINTE	DRSP00 04	017.020	4										
THE VILLAS	UCTV00 07	017.020	4										
PANORAMA II	DRPM20 06	017.020		5									
SOUTHPOINTE	DRSP00 04	017.020		5									
DORADO PLUMAS	DRDD00 01	017.020			10								
BLACK OAKS III	WSB03D 10	017.020				5							
FIELDING VILLAS	KBFLV0 01	017.020				5							
FIELDING VILLAS	KBFLV0 01	017.020					5						
BLACK OAKS III	WSB03D 10	017.020					4						
STONERIDGE	DRSS00 03	017.020						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				
			IN	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 MEAL COMP	
TOTAL O.T. HOURS	15	TOTAL PER DIEM	
TOTAL D.T. HOURS		TOTAL SICK/OTH HRS	
OTHER HOURS			
TOTAL FOR THE WEEK	55		

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 Layant

4/11/2022

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# 15000 John Layout

CREW NUMBER AND FOREMAN: 25CV - Joe Rebar

WEEK OF:

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
STONERIDGE	DRSS00 03	014.020	10										
THE VILLAS	DRTV00 05	014.020		11									
FIELDING VILLAS	KBFLV0 01	014.020			10								
DORADO PLUMAS	DRDD00 01	014.020											
BLACK OAKS III	WSB03D 10	014.020					7						
THE VILLAS	DRTV00 05	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	10:00	10:00				
	IN	10:30	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												
	TOTAL O.T. HOURS												
	TOTAL D.T. HOURS												
	OTHER HOURS												
	TOTAL FOR THE WEEK												
	TOTAL TRAVE TIME	40											
		18											
		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 voluntarily.

John Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

5B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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	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				
STONERIDGE	DRSS00 03	014.020	10										
THE VILLAS	DRTV00 05	014.020		11									
FIELDING VILLAS	KBFLV0 01	014.020				10							
DORADO PLUMAS	DRDD00 01	014.020					Missing Hours for Thursday						
BLACK OAKS III	WSB03D 10	014.020							7				
THE VILLAS	DRTV00 05	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	1					
		D.T. HOURS											
		TOTAL HOURS	10	11	10	9	9	9					
		TOTAL REGULAR HOURS											
		TOTAL O.T. HOURS											
		TOTAL D.T. HOURS											
		OTHER HOURS											
		TOTAL FOR THE WEEK											
		TOTAL TRAVE TIME	40										
		MEAL COMP	18										
		PER DIEM											
		SICK/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- 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 voluntarily.

John Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

5C**CONCRETE VALUE CORP**

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
CREW NUMBER AND FOREMAN: 25CV - 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
STONERIDGE	DRSS00 03	014.020	10										
THE VILLAS	DRTV00 05	014.020		11									
FIELDING VILLAS	KBFLV0 01	014.020			10								
DORADO PLUMAS	DRDD00 01	014.020					9						
BLACK OAKS III	WSB03D 10	014.020						7					
THE VILLAS	DRTV00 05	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	10:00	10:00				
	IN	10:30	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 REGULAR HOURS												
	TOTAL O.T. HOURS												
	TOTAL D.T. HOURS												
	OTHER HOURS												
	TOTAL FOR THE WEEK												
		40											
		18											
		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 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

6B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV- 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				
BELL CROSSING	DRBCOO 01	017.061	N D	8									
MORAGA CHATEAU	LEMCHO 02	017.060	T I		7								
INSPIRE BELLEVUE	KVABZ0 29	048.482	M E			13							1
BELL CROSSING	DRBCOO 01	017.061					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		Missing time out										
	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		Ø	8	7	13	9						
										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/OTH HRS
	TOTAL REGULAR HOURS					31							
	TOTAL O.T. HOURS					5							
	TOTAL D.T. HOURS					1							
	OTHER HOURS					1							1
	TOTAL FOR THE WEEK						38						

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 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

6 C

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV- 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				
BELL CROSSING	DRBCOO 01	017.061	N D		8								
MORAGA CHATEAU	LEMCHO 02	017.060	T I			7							
INSPIRE BELLEVUE	KVABZ0 29	048.482	M E				13						1
BELL CROSSING	DRBCOO 01	017.061						9					
1ST LUNCH:		TIME IN	7:00	7:00	7:00	7:00							
		OUT	11:00	11:00	11:00	11:00							
2ND LUNCH:		IN	11:30	11:30	11:30	11:30							
		OUT											
TIME OUT		IN					4/11/2022						
		REGULAR HOURS	3:30	2:30	8:30	4:30							
REGULAR HOURS			8	7	8	8							
O.T. HOURS					4	1							
D.T. HOURS					1								
TOTAL HOURS		Ø	8	7	13	9							
TOTAL REGULAR HOURS										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ OTH HRS
TOTAL O.T. HOURS										31			
TOTAL D.T. HOURS										5			
OTHER HOURS										1			
TOTAL FOR THE WEEK										38			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 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 cond 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 at 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

7A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE/
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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
FIELDING VILLAS	KBFLVO 01	017.020	10										
DORADO PLUMAS	DRDD00 01	017.020			8								
BELL CROSSING	DRBC00 01	017.020				10							
MORAGA CHATEAU	LEMCH0 02	017.020						6					
ASPIRE BELLEVUE	KVAB20 29	017.020						2					
BELL CROSSING	DRBC00 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							
										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ 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.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

7B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 REW NUMBER AND FOREMAN: 25CV - Joe Rebar

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

FELCHA 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
OLDING VILLAS	KBFLVD 01	017.020	10										
ZORADO PLUMAS	DRDDOO 01	017.020		8									
BELL CROSSING	DRBCOO 01	017.020			10								
MORAGA CHATEAU	LEMCH 002	017.020				6							
INSPIRE BELLEVUE	KVAB20 29	017.020				2							
BELL CROSSING	DRBCOO 01	017.020					13				1		
			TIME IN	7:00	7:00	7:00	7:00	7:00					
			OUT	10:00	10:00	10:00	10:00	10:00					
			IN	10:30	10:30	10:30	10:30	10:30					
			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					

Tuesday Top and bottom hours do not match.

TOTAL REGULAR HOURS	40			
TOTAL O.T. HOURS	9			
TOTAL D.T. HOURS	1			
OTHER HOURS	1			1
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 Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

7C

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 REW NUMBER AND FOREMAN: 25CV - 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						

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
FIELDING VILLAS	KBFLVD 01	017.020	10										
DORADO PLUMAS	DRDD00 01	017.020		X 9 JO 4/11/2022									
BELL CROSSING	DRBC00 01	017.020			10								
MORAGA CHATEAU	LEMCH 0 02	017.020					6						
INSPIRE BELLEVUE	KVAB20 29	017.020					2						
BELL CROSSING	DRBC00 01	017.020						13				X	
			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					
			IN	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 REGULAR HOURS				40						
			TOTAL O.T. HOURS				9						
			TOTAL D.T. HOURS				1						
			OTHER HOURS				1				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 Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

8 A What's wrong with this timecard?

CONCRETE VALUE CORP

RETURN DATE /
FECHA DE REGRESO

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout

CREW NUMBER AND FOREMAN: 25CV - Joe Rebar

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

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/AVISOS 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
INSPIRADO	KV1PO0 23F	023.020	12										
BELL CROSSING	DRBC00 06	017.020		14							\$40		
SHAUNESSY	DRSH00 07F	023.020			15						\$40	1	
THE VILLAS	DRTV00 05	017.020				11.5					\$40		
VILLA PASEO	WSVPRO SON	25.020						8					
ORCHARD WALK	DR0W20 13F	027.020						10.5					
			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	6:30	8:30	9:30	6:00	2:30	5:00				
			REGULAR HOURS	8	8	8	8	8					
			O.T. HOURS	4	4	4	3.5		10.5				
			D.T. HOURS		2	3							
			TOTAL HOURS	12	14	15	11.5	8	10.5				
										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/OTH HRS
			TOTAL REGULAR HOURS					40		\$120			
			TOTAL O.T. HOURS					26					
			TOTAL D.T. HOURS					5					
			OTHER HOURS					1				1	
			TOTAL FOR THE WEEK					72		\$120			

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 voluntarily.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

8C

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: EE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - 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

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				
INSPIRADO	KVIPOO 23F	023.020	12										
BELL CROSSING	DRBCOO 06	017.020		14							\$40	1	
SHAUNESSY	DRSHOO 07F	023.020			15						\$40	1	
THE VILLAS	DRTV00 05	017.020				11.5					\$40		
VILLA PASEO	WSVPRO 50N	25.020						8					
ORCHARD WALK	DRDW20 13F	027.020							10.5				
	TIME IN	6:00	6:00	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	10:00				
	IN	10:30	10:30	10:30	10:30	10:30	10:30	10:30	10:30				
2ND LUNCH:	OUT												
	IN												
	TIME OUT	6:30	8:30	9:30	6:00	2:30	5:00						
	REGULAR HOURS	8	8	8	8	8							
	O.T. HOURS	4	4	4	3.5			10.5					
	D.T. HOURS		2	3									
	TOTAL HOURS	12	14	15	11.5	8	10.5						
										TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/ OTH HRS
										40	\$120		
										26			
										5			
										*2 JR 10/21		X2	
										73	\$120		

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 voluntarily.

John Layout

EMPLOYEE SIGNATURE

Joe Rebar

FOREMAN/SUPERVISOR SIGNATURE

9B

CONCRETE VALUE CORP

EMPLOYEE NUMBER AND NAME: CE# 15000 John Layout
 CREW NUMBER AND FOREMAN: 25CV - Joe Rebar

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

A. NO TIME SICK/ENFERMO	
B. NO TIME APPROVED LEAVE/AVISOS 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				
RIVERSTONE	WSRS00 04	017.020	8										
RIVERSTONE	WSRS00 04	0.407	2.5										
FARMSTEAD 80's	WSFS80 08	017.020		14									1
FARMSTEAD 80's	WSFS80 08	0.407		1									
BROOKLYN 60's	WSBR60 09	017.020			12								1
BROOKLYN 60's	WSBR60 09	0.407			2								
MARKET PLACE	CCMP00 32	017.020				10							
MARKET PLACE	CCMP00 32	0.407				1							
MARKET PLACE	CCMP00 32	017.020					9						
MARKET PLACE	CCMP00 32	0.407					2						
		TIME IN	5:00	5:00	5:00	5:30	5:30						
1ST LUNCH:		OUT	9:00	9:00	9:00	9:00	9:00						
2ND LUNCH:		IN	9:30	9:30	9:30	9:30	9:30						
		OUT											
		IN											
		TIME OUT	4:00	8:30	7:00	5:00	5:00						
		REGULAR HOURS	8	8	8	8	8						
		O.T. HOURS	2.5	4	4	3	3						
		D.T. HOURS		3	2								
		TOTAL HOURS	10.5	15	14	11	11						
<i>In and out times do not add up to hours.</i>								TOTAL TRAVE TIME	MEAL COMP	PER DIEM	SICK/OTH HRS		
								40					
								16.50					
								5					
								2		2			
								43.50					

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-hour shift. 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 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 voluntarily.

John Layout
EMPLOYEE SIGNATURE

Joe Rebar
FOREMAN/SUPERVISOR SIGNATURE

TIMECARD LABOR CODES
EFFECTIVE 05/03/21

SERVICE WORK - PHASE 048 DIV 1

Description	Code
SRVICE-01	
NON-BILLABLE '048	
Gael Cortez Service Work	048.781
Jose Hermosillo Service Work	048.782
Hector Michel Service Work	048.783
Ramon Camarena Service Work	048.784
Gerardo Hernandez Service Work	048.785
Other Supervisor Service Work	048.788

SERVICE WORK - PHASE 048 DIV 5

Description	Code
SRVICE-05	
NON-BILLABLE '048	
Andres Rodriguez Service Work	048.581
Julio Garcia Service Work	048.582
Julio Contreras Service Work	048.583
Silvano Sanchez Service Work	048.584
Rudy Ochoa	048.585
Albert Sanchotena	048.586
Other Supervisor Service Work	048.588

SERVICE WORK - PHASE 048 DIV 6

Description	Code
SRVICE-06	
NON-BILLABLE '048	
Joaquin Gonzalez	048.681
Wesley Wilson	048.682
Other Supervisor Service Work	048.688