EMPLOYEE NUMBER AND NAME: 19333 FELIX GABRIEL PINEDA GALVAN

CREW NUMBER AND FOREMAN:23-SA ANTONIO MEJIA (916)825-2704 SUPERVISOR JOSE HERMOSILLO (916) 826-5527

WEEK OF:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 PAY** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **TIME IN** |  |  |  |  |  |  |  |  |  |  |  |
|  | **1ST LUNCH:** | **OUT** |  |  |  |  |  |  |  |  |  |  |  |
| **IN** |  |  |  |  |  |  |  |  |  |  |  |
| **2ND LUNCH:** | | **OUT** |  |  |  |  |  |  |  |  |  |  |  |
| **IN** |  |  |  |  |  |  |  |  |  |  |  |
| **TIME OUT** | | |  |  |  |  |  |  |  |  |  |  |  |
| **REGULAR HOURS** | | |  |  |  |  |  |  |  |  |  |  |  |
| **O.T. HOURS** | | |  |  |  |  |  |  |  |  |  |  |  |
| **D.T. HOURS** | | |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL HOURS** | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | **TOTAL TRAVEL TIME** | **MEAL**  **COMP** | **PER**  **DIEM** | **SICK PAY** |
| **TOTAL REGULAR HOURS** | | | | | | |  | |  |  |  |  |  |
| **TOTAL O.T. HOURS** | | | | | | |  | |  |  |  |  |  |
| **TOTAL D.T. 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 5 hours in a day.

I hereby certify and declare under penalty of perjury that (1) I have received all the rest periods and meal periods that I was legally entitled to on each workday within the pay period covered by this time record, (2) this time record fully and accurately reports all the time that I have worked during the covered pay period, (3) I have not suffered, experienced, or sustained any job-related injury or illness, and (4) I am making this declaration freely and voluntary.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE SIGNATURE FOREMAN/SUPERVISOR SIGNATURE**