



TIMESHEET

680 BREA CANYON ROAD, SUITE 258
 DIAMOND BAR, CALIFORNIA 91789
 (909) 444-9305 (909) 444-9320 FAX

www.kentdaniels.com

the "24/7" legal staffing service™

EMAIL TO PAYROLL@KENTDANIELS.COM OR FAX TO (909) 444-9320 NO LATER THAN NOON ON TUESDAY

Employee Name: _____ Company Name: _____

NOTE: Hours are to be rounded off to the nearest quarter hour. Please send this timesheet via fax, mail or email (payroll@kentdaniels.com) upon receiving signature authorizing hours worked. Please remember that signatures are **required**, so the timesheet must be **scanned** prior to being emailed. **Timesheet must be received by NOON on TUESDAY** to be paid for hours worked the PREVIOUS week. Employees should call or email KENT DANIELS before noon on Tuesday to verify the timesheet has been received. If you do not receive a reply to your email within one hour of your send time, you should **call** KENT DANIELS to receive confirmation.

Day	Date	Start	*First Meal Period		**Second Meal Period		End	Daily Total Hours				
		a.m./p.m.	Out	In	Out	In	a.m./p.m.	R	OT	DT	S *	M
Mon												
Tues												
Wed												
Thur												
Fri												
Sat												
Sun												

* Record only paid sick leave. Consult pay stub for availability.

Weekly Totals

R OT DT S M

I hereby attest that the time and hours recorded on this time record accurately and fully identify all time that I have worked during the designated pay period. I further acknowledge that I have taken all meal and rest periods to which I am entitled under the law during the pay period, including one rest period for every four hours of work or major fraction thereof and one duty-free meal period of at least thirty minutes for each five hours of work, that I was relieved of duty and: not under the control of KDA's client; not impeded nor discouraged from taking my meal or rest periods, and that I had a reasonable opportunity to take an uninterrupted meal or rest period. I agree to notify KDA immediately if any of these conditions were not met. I understand that I may not decide for myself to work through my first meal period and may not do so unless asked specifically to do so by the client and with my voluntary consent. If I do work through my meal or rest period at the client's specific request, I must obtain a signature of the requestor or firm administrator in the meal period space above. I understand that I can freely and voluntarily waive my first meal period* if I work no more than six hours, and can voluntarily waive my second meal period** if I have taken the first meal period and have not worked more than twelve hours. If I forego my second meal period, I understand that it will be considered voluntarily waived. I understand that I am to begin my first meal period no later than the end of my fifth hour of work, and my second meal period (if not voluntarily waived) no later than the end of my 10th hour of work. I further acknowledge that I have not violated any policy of the employer during the pay period, including, but not limited to, the employer's policy against working unauthorized overtime.

I declare that the foregoing is true and correct under penalty of perjury.

Employee Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____

<u>KDA use only</u>		
E		R
D	S	O
P	C	D
PK		B