

D&Y STAFFING

APC WORK LOG - CALIFORNIA

Send to Kristina_Burke@DYStaffing.com

Timesheet to be faxed no later than Monday at 9:00am for hours worked the previous week

Employee Name: _____

Week Ending: _____

Facility: _____

DAY/ DATE	TIME IN	MEAL 1 OUT	MEAL 1 IN	MEAL 2 OUT	MEAL 2 IN	TIME OUT	TOTAL HRS. WORKED	LEAVE HRS. CODE	Notes	Rest Breaks Y/N	Meal Breaks Y/N	Employee Daily Attestation Signature
SAT	:	:	:	:	:	:		/				
SUN	:	:	:	:	:	:		/				
MON	:	:	:	:	:	:		/				
TUES	:	:	:	:	:	:		/				
WED	:	:	:	:	:	:		/				
THURS	:	:	:	:	:	:		/				
FRI	:	:	:	:	:	:		/				
TOTAL WORK HOURS -->									<-- TOTAL LEAVE HRS.			

<p>Leave Codes:</p> <p>P = Paid Time Off</p> <p>S = Sick Leave</p> <p>H = Holiday</p> <p>F = Funeral</p> <p>D = Down Time</p>

1. Employee annotates date, time, meal(s) in/out, total hours worked, and signs in the designated area. Employee is to obtain the department validation signature.

2. **Attestation Regarding Meal Periods And Rest Periods.** Except as noted on this timesheet, I have been provided all duty-free meal periods and rest breaks to which I am entitled. All meal break periods taken have been recorded. If I was involuntarily unable to take a meal period or rest break, I have notified HR or my supervisor. I have also not worked any time "off the clock." I have completed this attestation by indicating and signing the appropriate columns above.

3. Overtime is not authorized unless prior approval is obtained by your employment specialist or recruiter.

Department Validation Signature: _____