When did you work? Start of Start of End of End of Standard Overtime Double Employee's Leader's Day of the Week Date Time Hrs Approval Approval Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday: Totals →

During this payroll period, I have reported all hours worked accurately and completely, have taken all rest and meal periods as required by law, and have experienced no work-related injuries or illnesses. I understand that pay periods are bi-weekly and paydays are on Monday. Pay shall either be delivered by direct deposit or delivered by the US Postal Service.

Employ	ee Signa	ture		Supervisor's / Leader's Approval																
Division #		Emp #	Last	Last Name					Fir	First Name					Week Ending					
														•		/_	_ /		_	
Company Vehicle			M				ileage	e:						Page: of						
This timecard must be faxed to 916-218-3801 by Monday @ Noon																				
Where did you work?																				
Line #	Job	Phase Code	Lot	Activit		y Co T	de LV	М	S [.]	Standard Hours TU W TH F			SA	М	Overtime Hours TU W TH F				SA	
1		33.00										-	021					-	021	
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15				1																
16																				
Totals →																				

Special Activity Codes:

"W" = Warranty
"S" = Service

Work Orders: Phase Code = "M"

Temp Power: Lot = "Temp Power"