

Employee Weekly Time Card

Please submit timecards in a timely manner
Monday's by 5PM
Email - support@generationgroup.net

Employee Name:		Title:	
Manager Name:		Week Of:	
Hourly Rate:		Overtime Rate:	

Date	Day	Start Time	Lunch Start	Lunch End	End Time	Regular Hours	Overtime Hours	Total Hours
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total Time								

Overtime **MUST** be approved by your supervisor. I acknowledge that I am obligated to immediately report any job injury, illness or stress to my supervisor.

- I have suffered an injury, illness or stress while at the job site. The exact date(s) are as followed: _____
- I have not suffered any injury, illness or stress to date.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

I understand that under the California Labor Law, after a work period of 5 hours, I am entitled to receive an unpaid meal break of nothing less than 30 minutes where I am relieved of all duties. I give consent that I may waive my 30 minute unpaid meal break only when my work and/or scheduled shift will be completed in 6 hours or less in one work day. I understand that if my shift exceeds 6 hours, I am required to take an unpaid meal break of at least 30 minutes. In order for this waiver to be valid, my supervisor must also authorize the waiver in writing by signing below.

I enter into this agreement freely and voluntarily. I understand that this agreement can be revoked in writing by me at any time.

