5150 Wilshire Blvd # 350 L.A CA 90036 / Tel: 323-988-2101 / Fax: 323-998-6251
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# Individual Employee Time Sheet

**Name:**_____ **Time Period From:** __ __/__ __/__ __

**Tel:**_____ **To:** __ __/__ __/__ __

**CLIENT NAME:** _____

| Date: | Time In | Time Out | Time In | Time Out | Total Break Time | Total Hours/ Days | Miles (Roundtrip) |
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| | | | **TOTAL:** | | | | |

**I certify that I have provided complete and accurate information in completing this timesheet. I understand that it is against company policy to provide false or incomplete information on time sheets. I further certify that I have had the opportunity to take my required rest period(s) according to company policy and have taken the required meal period(s) according to company policy.**

**Employee's Signature:** _____ **Date:** _____/_____/_____

**Notes:**_____

☐ **Change of address** _____