Employee Timesheet

Attention: Payroll
Fax Number: 408-294-9194
or email: **payroll@netpolarity.com**

Employee Name: _____
Client Co: _____ Manager Name: _____
Department: _____
Week Starting: _____

Day of Week		Time In	Lunch Start		Lunch End	Time Out	Total Hrs
Mon	**1/0**						0.00
Tues	**1/1**						0.00
Wed	**1/2**						0.00
Thurs	**1/3**						0.00
Fri	**1/4**						0.00
Sat	**1/5**						0.00
Sun	**1/6**						0.00
						Total Hrs.	**0.00**

My signature confirms 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. My signature also confirms that I have taken at least one 30-minute meal period on every day that I worked more than five hours and that I took at least a 10-minute rest break for every four hours or major fraction thereof that I worked. I further acknowledge my understanding of the Company's policy against working unauthorized overtime and confirm that I have not violated that policy. In doing so I declare that the foregoing is true and correct under penalty of perjury.

_____
Employee Signature Date

_____
Manager Signature Date