

MUST BE COMPLETED IN INK

NAME \_\_\_\_\_

EMPL# \_\_\_\_\_

| DATE                      | HOURS WORKED |  |  |  | HOURS WORKED |           |           |           | TOTAL HOURS WORKED |
|---------------------------|--------------|--|--|--|--------------|-----------|-----------|-----------|--------------------|
|                           |              |  |  |  | DEPT I.D.    | DEPT I.D. | DEPT I.D. | DEPT I.D. |                    |
|                           |              |  |  |  | IN           | OUT       | IN        | OUT       |                    |
| SAT                       |              |  |  |  |              |           |           |           |                    |
| SUN                       |              |  |  |  |              |           |           |           |                    |
| MON                       |              |  |  |  |              |           |           |           |                    |
| TUES                      |              |  |  |  |              |           |           |           |                    |
| WED                       |              |  |  |  |              |           |           |           |                    |
| THUR                      |              |  |  |  |              |           |           |           |                    |
| FRI                       |              |  |  |  |              |           |           |           |                    |
| SAT                       |              |  |  |  |              |           |           |           |                    |
| SUN                       |              |  |  |  |              |           |           |           |                    |
| MON                       |              |  |  |  |              |           |           |           |                    |
| TUES                      |              |  |  |  |              |           |           |           |                    |
| WED                       |              |  |  |  |              |           |           |           |                    |
| THUR                      |              |  |  |  |              |           |           |           |                    |
| FRI                       |              |  |  |  |              |           |           |           |                    |
| <b>TOTAL HOURS WORKED</b> |              |  |  |  |              |           |           |           |                    |

|                            |                         |  |  |  |  |
|----------------------------|-------------------------|--|--|--|--|
| <b>OFFICE USE ONLY</b>     | <b>REGULAR OVERTIME</b> |  |  |  |  |
|                            | <b>PREMIUM OVERTIME</b> |  |  |  |  |
|                            | <b>SICK</b>             |  |  |  |  |
|                            | <b>VACATION</b>         |  |  |  |  |
|                            | <b>HOLIDAY</b>          |  |  |  |  |
|                            | <b>CTO USED</b>         |  |  |  |  |
|                            | <b>CTO EARNED</b>       |  |  |  |  |
| <b>TOTAL HOURS/PROJECT</b> |                         |  |  |  |  |

\*\*\*\*\*LATE TIME CARDS WILL NOT BE PROCESSED UNTIL THE NEXT PAY CYCLE\*\*\*\*\*

I attest under penalty of perjury that the above hours are true and correct and that I have complied with all the company policies and that I have received all breaks and meal periods as required by law.

\_\_\_\_\_  
EMPLOYEE APPROVAL

\_\_\_\_\_  
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PAY PERIOD END DATE

\_\_\_\_\_  
SUPERVISOR APPROVAL

\_\_\_\_\_  
SUPERVISOR APPROVAL

\_\_\_\_\_  
SUPERVISOR APPROVAL

\_\_\_\_\_  
SUPERVISOR APPROVAL

Falsification of timecards will result in discipline up to and including dismissal.

**Meal Period:** A meal period of at least thirty (30) minutes must be taken after five (5) consecutive hours of work. This unpaid meal period must be reflected on the timecard. If the employee is scheduled to work only six (6) hours, the meal period can be waived by mutual consent.

**Overtime:** All time worked over eight (8) hours in one day and forty (40) hours in a workweek is considered overtime for non-exempt employees. All overtime must be authorized by the supervisor prior to overtime occurring. Hours in excess of 8 hours and up to 12 hours in one day will be paid at time and a half. The first 8 hours worked on the **seventh consecutive workday** in a workweek\* will be paid at time and a half even if the hours worked in the first six days are less than 8 per day or 40 per week. Hours in excess of 12 hours in one day and in excess of 8 on the seventh consecutive day will be paid at double time.

\*The workweek begins on Saturday and ends on Friday. Friday is considered the 7<sup>th</sup> consecutive day.

**Breaks:** A paid rest period of ten (10) minutes must be taken in each four (4) hour shift an employee works. These breaks are not reflected on the timecard.

**In/Out times:** should be rounded to the nearest 15 minute increment, for example, 8:07 = 8:00, 8:08 = 8:15. Total hours worked column should reflect total hours and minutes worked converted to decimal form for that day. For example, 8 hours and 15 minutes = 8.25 hours.

**Make-up Time:** Employees may work up to three (3) hours per workday in excess of eight (8) hours per day without incurring overtime due to personal obligations as long as the total for the workweek (Saturday – Friday) does not exceed 40 hours. Hours in excess of forty (40) will be paid as overtime. If an employee (with the prior approval of the supervisor) does not want the hours worked in excess of eight (8) in one day to count toward the daily overtime, they must complete a Make-up Time Request and Approval form and attach it to the timecard. Forms can be obtained from Cal Poly Corporation Human Resources.