



**WEEKLY TIMESHEET**  
**Please submit timesheet by Monday 5:00 PM**  
**Payroll Fax: 866-570-9337**  
**Payroll Email: PayrollAHG@alliedhealthgroup.com**

**Local Staff, LLC**  
**San Bruno**  
 1150 Bayhill Dr. #200  
 San Bruno, CA 94066  
 P: 650.866.3386

Client:	Week Ending Date:
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Employee:	Last 4 Digits of Social Security:
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Day of the Week	Date	Unit/Floor	Time In (Military)	Meal Period 1			Meal Period 2			Missed or Untimely Meal/Breaks	All Hours Worked				Special Pay Hours		Shifts Not Worked		Remarks	
				Start	End	Duration	Start	End	Duration		Time Out (Military)	Regular	Holiday	Call Back	On-Call	Charge	Client Cancel	Employee Cancel		
MON.																				
TUE.																				
WED.																				
THU.																				
FRI.																				
SAT.																				
SUN.																				
<b>Weekly Totals:</b>																				

**You must record your actual time in and out for all hours worked, as well as time in and out for meal periods.**

\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \*\*Client Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

\* My signature above confirms that all entries on this timesheet are true and complete and that all hours worked (excluding meals taken but including meals worked) are included in the 'All Hours Worked' columns.  
 \*\* By signing above, the Client authorizes the Company to invoice the Client for the hours worked exactly as documented by the daily entries on this timesheet. The Client agrees to pay such invoice promptly. To ensure accurate processing, please make sure that hours worked are properly categorized in the 'All Hours Worked' columns as to regular, holiday or call back. Any call-off time (where the Employee was scheduled to work but was called off due to low census) should be entered in the 'Client Cancel' column.

Under California Law, you are entitled to a 30 minute uninterrupted meal period for every five hours worked. Your first meal period must be taken within the first five hours after the start of your shift unless your shift is 6 hours or less. You are entitled to a second meal period for any shifts of 10 or more hours, unless you have waived it in writing according to law, however, you may not waive your second meal period if you work more than 12 hours. This waiver may be revoked upon one day's written notice to us. For a shift between 3 ½ and 6 hours, you are entitled to one rest break; for a shift between 6 and 10 hours, 2 rest breaks; and for a shift between 10 and 14 hours, 3 rest breaks; and so on. You are not entitled to a rest break if the shift is less than 3 ½ hours. If the Client failed to provide you with a meal period or failed to permit you to take a rest break or if they were not provided timely, please write 'missed' or 'untimely' in the 'Missed or Untimely Meal/Breaks' column. If this column is left blank, we will assume that the meal period was provided or the rest breaks were permitted pursuant to applicable law and that you elected not to take them. If this column is not provided, please contact your payroll specialist immediately.