

# TIMECARD

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	MON	TUES	WED	THURS	FRI	SAT	SUN	
DATE								TOTAL HOURS
START TIME								
LUNCH OUT								
LUNCH IN								
FINISH TIME								
STRAIGHT TIME								
OVER TIME								
DOUBLE TIME								
<p><b>EMPLOYEE NAME (PRINT):</b></p> <p><b>CLIENT NAME:</b></p> <p><b>EMPLOYEE PHONE NUMBER:</b></p> <p><b>EMPLOYEE'S SIGNATURE:</b> <b>DATE:</b></p> <p><b>CLIENT SUPERVISOR SIGNATURE:</b> <b>DATE:</b></p> <p><b>CLIENT SUPERVISOR NAME:</b> <b>PHONE NUMBER:</b></p> <p><b>NOTE TO EMPLOYEE:</b> HOURS MUST BE SUBMITTED TO TRENDTEC PAYROLL NO LATER THAN 5:00P.M. ON MONDAY BY FAX (408) 435-9516 OR EMAIL <a href="mailto:PAYROLL@TRENDTEC.COM">PAYROLL@TRENDTEC.COM</a>                      (408) 435-900 EXT:3334                      SPANISH EXT: 3340                      VIETNAMESE EXT: 3341</p>								
<p style="text-align: center;"><u>Check Shift</u> <u>Check Shift</u> <u>Check Shift</u> <u>Check Shift</u> <u>Check Shift</u> <u>Check Shift</u> <u>Check Shift</u></p> <p>Day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Swing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Grave <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I received all meal and rest breaks as required by Trendtec's policy during this time period.                      ___ Yes ___ No                      If not, I understand that I need to inform my manager.</p> <p>I certify that the times reported about are true and accurate and that I did not work any other time for Trendtec, except as listed above. I understand that falsifying records will lead to my termination and prosecution to the fullest extent of the law.</p> <p>"If you are requesting sick pay when you were out, please write "SICK" on the day you are out with no hours". I'm requesting ___ hours of sick pay for this week, if qualified.</p> <p>Form Haff-1000 Rev. 11/4/2021</p>								