

WEEKLY TIMESHEET (For use with SnapCare mobile app at California based facilities only)

Employee name:	Facility:			Unit number:			
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date <i>E.g: 9/23/2022</i>							
Clock-in <i>E.g: 7am</i>							
Meal 1 Start <i>E.g: 11:00 AM</i>							
Meal 1 End <i>E.g: 11:30 AM</i>							
Meal 2 Start <i>E.g: NA</i>							
Meal 2 End <i>E.g: NA</i>							
Clock-out <i>E.g: 4:00 PM</i>							
Hours Worked <i>E.g: 8.5 hours</i>							
Manager Sign <i>E.g: JSmith</i>							
Manager Name <i>E.g: Jane Smith</i>							
Manager Unit <i>E.g: Unit 234</i>							

Comments may be entered directly into the mobile app at clock-out or time sheet upload

PLEASE READ THE BELOW PARAGRAPHS PRIOR TO SIGNING

I hereby affirm that the hours shown in this timecard were worked by me as stated and that the information I provided is truthful and accurate.

I understand that I am entitled to one 30-minute, unpaid meal period within the first five (5) hours of any shift longer than five (5) hours, and another 30-minute, unpaid meal period if the shift will be longer than ten (10) hours, unless I have signed (and not revoked) a SNAPCARE CALIFORNIA MEAL PERIOD WAIVER AGREEMENT.

If my shift is longer than ten (10) hours, I understand that, even if I have signed a SNAPCARE CALIFORNIA MEAL PERIOD WAIVER, I must take one meal period before the end of the 10th hour of work.

I understand that I am entitled to one 10-minute rest period per four (4) hours of work, or major fraction thereof.

I understand that if I voluntarily do not take a meal or rest period that I was entitled to take, SnapCare may contact me to determine why I am not taking it and assist with ensuring that I take my meal and rest periods going forward. I understand that I must inform SnapCare if I am not provided with a compliant meal or rest period and must explain the circumstances in the comments field in the mobile app and the reason for the occurrence.

Employee Signature: _____