

PAYROLL PREPARATION AND SUBMISSION

NOTE: This record is required by Industrial Welfare Commission Order No. 5-89.

All employees are required to complete either Section I or Section II of this form and file it with the employer semimonthly. Section I is for administrative, executive and professional personnel. Section II is for all other personnel.

FOR PAY PERIOD ENDING / /

FULL NAME _____ POSITION _____

HOME ADDRESS _____

Department or Location _____

SECTION I. Employees employed in administrative, executive or professional capacities are exempt from Section 3 through 12 of IWC Order No. 5-89 if they meet two tests: (1) duties appropriate to such capacity and (2) a specified remuneration. Such personnel will complete Section I.

Total leave hours: sick _____ hours__ vacation _____ personal time off _____ jury duty _____ NA _____

If Workmen's Compensation claimed : date of injury _____ date returned _____

If Disability is claimed : date of disability _____ date returned _____

This will certify the above time record is complete and accurate.

Signed _____ Signed _____
Supervisor Employee

SECTION II. All employees other than administrative, executive or professional employees are to complete Section II. Include all hours worked and identify all time off for: vacation, sick, personal time off, jury duty, family death, workmen's comp., disability, comp time, overtime.

Detail of Time Spent on Business

[illegible]

Total hours worked during period. _____ Hours Sick Leave _____ Hours Vacation _____ **Total:** _____

NOTE: Explain reason for any hours worked over and above those agreed upon: _____

This will certify the above time record is complete and accurate.

Signed _____ (Not applicable) _____ Signed _____
Resident Manager Employee

Approved _____