



Security Eye Patrol, Inc.

Employee Time Sheet

Employee Name _____ Employee # _____

All employees must call into our telephone call in system at the beginning and ending of each shift. Employees will not get paid if they do not call in for every shift and return this time sheet to 2282 4th Street by 1800 hours on the Sunday after the end of the pay period. Time cards should not be dropped off at guard posts or with other employees. You are responsible for making sure your time card is turned into the office. Security Eye Patrol is not responsible for missing faxes. If you fax your time card to 925-215-2425, you must call the office at 925-455-6585 to verify that it was received. Make a copy of your timesheet for your records.

At the beginning and ending of every shift, call 925-961-0943 and follow the instructions for checking in. You will be asked for your:

Name Employee Number Location Time on, or off

All entries below must be in chronological order. All times should be listed in military time. If you make any mistakes, please redo the time sheet. If you have a business emergency call 925-455-6585 twenty four hours a day.

For scheduling issues call 925-455-6015

Table with 7 columns: Date, Location, Time ON, Time OFF, Regular Hours, Overtime Hours, For office use only. Includes an example row for 8-28-2011.

Week 1

Table grid for Week 1 with 7 columns and 8 rows.

Week 2

Table grid for Week 2 with 7 columns and 8 rows.

Total Hours = _____

I certify the foregoing to be a correct account of time worked. I have received my copy (version Nov, 2011 or later) of the Security Eye Patrol, Inc. Employee Manual. It is my responsibility to read and understand the matters set forth in the Manual. I will rely on any promises, statements or representations to the contrary only if they are in writing and signed by an authorized member of the firm's management. I understand and acknowledge that the firm has the right, without prior notice, to modify, amend or terminate policies, practices, benefit plans, and other institutional programs within the limits and requirements imposed by law. I have read and understand the Standard Operating Procedure at each location listed above. I agree to make a copy of this timesheet for my records

Employee Signature (required)

please include your email address to update our records _____