**time Sheet**

**Payroll record**

**San Diego Dental Personnel Service, LLC**

5360 Jackson Dr #212

La Mesa, CA 91942

[Jobs@SDDPS.com](mailto:Jobs@SDDPS.com)

619-464-5655

**Date** **Start**  **Lunch** **Start** **Break** **End** **Daily** **Date**

**Worked** **Time** **Start** **Time** **Min** **Time** **Total** **Check Received**

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**Mail Paycheck to**:

**Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Apt #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hourly Rate**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check issued at day's end Mailed (date)\_\_\_\_\_\_\_\_\_\_\_\_\_ Picked up on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant will be paid in accordance to all employment laws and regulations in the state of California.*

***Both Applicant and Client are responsible to notify SDDPS, LLC if this applicant***

***Returns to Client or is referred to Colleague.***

***Applicant is required to keep a copy of this document along with pay stub***

***For employment and tax records***

***Use this record with a W-4***

*A copy of this document shall be emailed to Jobs@SDDPS.com*

**Employer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_