

CLIENT NAME:							
EMPLOYEE NAM	ЛE:						
JOB NUMBER/A	ADDRESS:						
WEEK ENDING	DATE (alwa	ays a Sunday):					
SICK DAYS (pleas	se enter day	s/hours you're	e requesting):				
	CHEC	K HERE IF YOU	WORKED AN A	LTERNATE SCHE	DULE I.E. 4 DA	YS/10 HOURS	
AM	Monday PM	Tuesday	Wednesday	Thursday	Friday AM PM	Saturday AM PM	Sunday AM PM
Start Time							
Lunch Out							
Lunch In							
2nd Lunch Out							
(If applicable)							
2nd Lunch In							
(If applicable)							
End Time							
Total Hours							
NEVADA LUNCH REQUIREMENTS AND OVERTIME/DOUBLE TIME LAWS:					Total hours for the week		
NEVADA LABOR LAWS REQUIRE EMPLOYERS TO PROVIDE EMPLYEES A MEAL PERIOD OF AT LEAST 30 MINUTES WHEN WORKING FOR A CONTINUOUS PERIOD OF 8 HOURS. EMPLOYERS MUST PROVIDE EMPLOYEES A BREAK OF A MINIMUM OF 10 MINUTES FOR EACH 4 HOURS WORKED. EMPLOYERS DO NOT NEED TO PROVIDE A BREAK TO EMPLOYEES WORKING LESS THAN 3.5 HOURS. THE BREAK MUST BE PAID. NEVADA LABOR LAWS REQUIRE EMPLOYERS TO PAY OVERTIME AT THE RATE OF 1.5 TIMES AN EMPLOYEE'S REGULAR RATE FOR ALL HOURS WORKED IN EXCESS OF 40 HOURS IN A WORK WEEK TO					Regular Hours	Overtime Hours	Doubletime Hours
ALL EMPLOYEES, UNLESS OF THE RATE OF 1.5 TIMES AN A WORKDAY TO EMPLOYE MINIMUM WAGE, UNLESS	OTHERWISE EXEM I EMPLOYEE'S RE ES WHO ARE CO	MPT. ADDITIONALLY EGULAR RATE FOR A MPENSATED AT LES	, EMPLOYERS MUST P LL HOURS WORKED II	AY OVERTIME AT N EXCESS OF 8 IN			
Employee Signa	ture				Г	Date	
Employee dibilatale							
Authorized Supervisor Signature Required					Date		