



Time Verification Record

Employee Instructions: You agree to submit to Crunch Care a time verification record within two (2) days of the end of each work week. **Thus, you must submit your time verification record by no later than MONDAY at noon.** You can expect to receive your paycheck via direct deposit the following week on Tuesday if your time card is turned in by MONDAY at noon. If in the event the client's signature cannot be obtained, you agree regardless to submit the time verification record within 2 days of the last day of each week. You can scan and e-mail your time verification record to timecards@crunch-care.com; or fax it to 480-287-9138; or mail it to our offices. If you choose to submit your time verification record by mail and it is not received by Monday at noon, your payroll will not be processed until the following week. There are no exceptions to this rule. Crunch Care's work week begins on Sunday and goes to the following Saturday.

Employee Name: _____ **Client Name:** _____
Status: Active/Inactive _____ **Client Crunch Card Code:** _____

Date <small>Please use one line for each shift selecting what type of hours were completed. Use separate line for each type of care.</small>	Start Time <small>Please use a 12 hour time clock using am/pm</small>	End Time <small>Please use a 12 hour time clock using am/pm</small>	Nanny/Babysitting Hours <small>Providing care for children/infants with parents or guardians not home or on location. If you slept during this shift (overnight hours) please use a separate line indicating separate shift sleep hours.</small>	Companion Care Hours <small>Providing care for children/infants with parents or guardians home or on location, elder care, or post-surgical care. If you slept during this shift (overnight hours) please use a separate line indicating separate shift sleep hours.</small>	Overnight Sleep Shift Hours <small>Provide any time that was your sleep time on a shift.</small>	Client Initials <small>(sign after each shift)</small>
WEEKLY TOTALS:						

Client agrees to properly supervise Crunch Care Inc. ("Crunch Care") employees; to be responsible for and to safeguard all aspects of its business; and to provide safe working conditions. Client shall not ask or permit Crunch Care employees to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential, proprietary or trade secret information, negotiable instruments, or other valuables without the prior written permission of Crunch Care.

Billing Details: Client's signature on this Time Verification Record ("TVR") certifies that the reported hours are true, accurate, complete and correct. Client agrees to pay Crunch Care weekly via credit or debit card for the above-listed hours at Crunch Care's rates. If a Crunch Care employee works time defined by law as overtime or premium time, Client agrees to pay the same multiple of the regular bill rate as Crunch Care is required by law to apply to the pay rate for such time.

Meal Time Disclaimer: Crunch Care is not responsible for managing, ensuring or establishing a mileage reimbursement program or a meal or travel stipend. All allowance agreements should be defined by Client prior to the first day of service with Client and the Crunch Care employee. Any and all reimbursements should follow any state and federal guidelines. Unless otherwise documented upon signing Client's Crunch Care, Inc. Family/Client Agreement, Client agrees to limit the Crunch Care employee to fewer than 50 miles of vehicular transport during the weekly assignment hours.

The signatories declare under penalty of perjury that the hours reported above are true, accurate, complete and correct. Client further attests under penalty of perjury that during this pay period Client has adhered to all terms of Client's Crunch Care Inc., Family/Client Agreement. Employee further declares under penalty of perjury that during this pay period he or she has received all meal and rest periods to which he or she is entitled, if any; adhered to all Crunch Care policies; adhered to all terms of his or her employee agreement with Crunch Care; and has not sustained any work-related injuries except for any such injuries about which Employee already has informed Crunch Care, if any.

Employee Signature: _____ Date: _____

Client Signature: _____ Date: _____