Assembly No-Drop Timesheet

In the event you report to a scheduled store that refuses assembly services, contact Home Center Team Administrator at 770-840-1833. Fill out and fax this form to 858-964-9729. Include time in/out of the store that refused assembly, as well as travel time **to/from** another store **AFTER** the No-Drop, if applicable.

NAME: _____ **DIVISION NAME OR DIV/DEPT #:** 952630

STATE LIVE IN: _____

EMPLOYEE #: _____ **WEEK ENDING DATE:** _____

Did you visit another store **after** the No-Drop? Enter the time you began your travel to the store (Travel In), and the time you left the store (Travel Out) below.

DAY	DATE	STORE	IN-STORE IN	IN-STORE OUT	TRAVEL IN	TRAVEL OUT	TOTAL HOURS	PAY TIME IN	PAY TIME OUT
SAMPLE	1/1/2016	0123	8:00A	8:20A	8:21A	9:10A	1 HR 10 MIN	ADMIN USE ONLY	ADMIN USE ONLY
MON									
TUES									
WED									
THUR									
FRI									
SAT									
SUN									
TOTAL									

ASSOCIATE SIGNATURE **DATE**

MANAGER APPROVAL SIGNATURE **DATE**

IMPORTANT NOTES - PLEASE READ

ALL HOURS WORKED MUST BE ACCURATELY RECORDED AND PAID. OFF-THE CLOCK WORK IS NOT PERMITTED.

AN UNINTERRUPTED, OFF DUTY MEAL PERIOD OF AT LEAST 30 MINUTES MUST BE TAKEN AFTER WORKING NO MORE THAN A 5-HOUR WORK PERIOD. A SECOND UNINTERRUPTED, OFF-DUTY MEAL PERIOD OF AT LEAST 30 MINUTES MUST BE TAKEN AFTER WORKING NO MORE THAN A 10-HOUR WORK PERIOD.

ALL TIMESHEETS MUST BE PRINTED AND MANUALLY SIGNED BY ASSOCIATE SUBMITTING THE TIMESHEET. ELECTRONIC SIGNATURES ARE NOT ACCEPTED.

"PAD" IS NOT WORK TIME; IT IS THE PAID PORTION OF THE PERSONAL COMMUTE SOME ASM TEAMS ELECT TO PAY FOR FIELD-BASED, RETAIL ASSOCIATES. TRAVEL TIME THAT IS WORK TIME MUST BE RECORDED AS WORK TIME (I.E. TRAVEL BETWEEN STORES), NOT AS PAD.

PLEASE REVIEW YOUR TIMECARD HOURS AND TOTALS CAREFULLY TO HELP ENSURE THEY ARE ACCURATE, AS THIS IS AN ESSENTIAL STEP IN ISSUING CORRECT WAGE PAYMENTS.