

EXHIBIT B

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		WEEKLY TIME AND DISTRIBUTION REPORT		JOB CLASS							SHIFT								
Rob Young		YOU3D		7-8-17							1 2 3								
JOB NO. OR DESCRIPTION		TYPE OF WORK		HOURS WORKED BY DAYS							TOTAL HOURS								
ACCOUNT SUB ACCT		S M T W T F S		RATE AMOUNT							GROSS PAY								
1	Reed City School 30-4739	7			8														
2	H3M Gt Mail 30-4724	7					3												
3																			
4																			
5																			
6																			
EMPLOYEE											NET PAY								
SUPERVISOR		WEEK ENDING		PROJECT OR DEPT							NET PAY								

Check
Telegis

31.25

28.25

GROSS PAY

NET PAY

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		JOB CLASS		WEEKLY TIME AND DISTRIBUTION REPORT															
Robert Young YDU30		7-24-17		PROJECT OR DEPT															
		WEEK ENDING		SHIFTS															
				1 2 3															
JOB NO. OR DESCRIPTION	TYPE OF WORK ACCOUNT SUB ACCT	HOURS WORKED BY DAYS							TOTAL HOURS	RATE	AMOUNT								
		S	M	T	W	T	F	S											
1 Recd. City School 30 4746	7			8	8	8	8	8	32										
2																			
3																			
JOB NO. OR DESCRIPTION	ACCOUNT SUB ACCT	1	2	3	4	5	6	7	TOT HRS	RATE	AMOUNT								
4																			
5																			
6																			
EMPLOYEE																			
SUPERVISOR																			
WEEK ENDING		PROJECT OR DEPT		FICA		WITH TAX		A		B		C		D		E		NET PAY	

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		WEEKLY TIME AND DISTRIBUTION REPORT		WEEK ENDING		JOB CLASS		SHIFT					
Robert Young		YOU30		8-5-17		PROJECT OR DEPT		1	2	3			
JOB NO. OR DESCRIPTION	TYPE OF WORK	ACCOUNT	SUB ACCT	HOURS WORKED BY DAYS							TOTAL HOURS	RATE	AMOUNT
				S	M	T	W	T	F	S			
1 Recd. City Schol. 30 W246	7			8	8	8	8	8	8	7 1/2	7 1/2	39.50	
2													
3													
JOB NO. OR DESCRIPTION	ACCOUNT	SUB ACCT	1	2	3	4	5	6	7	TOT HRS	RATE	AMOUNT	
4													
5													
6													
EMPLOYEE												GROSS PAY	
SUPERVISOR												NET PAY	
WEEK ENDING			PROJECT OR DEPT			FICA	WITH TAX	A	B	C	D	E	

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		WEEKLY TIME AND DISTRIBUTION REPORT		WEEK ENDING		JOB CLASS		PROJECT OR DEPT		SHIFT /											
Robert Young		Y0030		8-12-17						1	2	3									
JOB NO. OR DESCRIPTION	TYPE OF WORK	ACCOUNT	SUB ACCT	HOURS WORKED BY DAYS							TOTAL HOURS	RATE	AMOUNT								
				S	M	T	W	T	F	S											
1 Red City School 304246	7				8	8	8	8	8	8	8	40									
2																					
3																					
JOB NO. OR DESCRIPTION	ACCOUNT	SUB ACCT	1	2	3	4	5	6	7	TOT HRS	RATE	AMOUNT	GROSS PAY								
4																					
5																					
6																					
SUPERVISOR		WEEK ENDING		PROJECT OR DEPT		FICA		WITH TAX		A		B		C		D		E		NET PAY	

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		WEEKLY TIME AND DISTRIBUTION REPORT		WEEK ENDING		JOB CLASS		PROJECT OR DEPT.		SHIFT /							
Robert Young		Y0030		8/19/17						1	2	3					
JOB NO. OR DESCRIPTION	TYPE OF WORK ACCOUNT SUB ACCT	HOURS WORKED BY DAYS							TOTAL HOURS	RATE	AMOUNT						
		S	M	T	W	T	F	S									
1 304678 Sanger CA Hall	7								28.5								
2 304746 Pied City Schools	7		8						8								
3									30.5								
4																	
5																	
6																	
EMPLOYEE											GROSS PAY						
SUPERVISOR											NET PAY						
WEEK ENDING		PROJECT OR DEPT		FICA		WITH TAX		A		B		C		D		E	

Handwritten notes on the form:

- Job 1: *Per Diem For new 70 mile rule*
- Job 2: *304678*
- Job 3: *304746*
- Job 3 Total Hours: *30.5* (circled)

Complete this side of time card for all jobs. You may use the back side of this card to code jobs which are not certified.

EMPLOYEE NAME AND NUMBER		WEEK ENDING		WEEKLY TIME AND DISTRIBUTION REPORT							JOB CLASS			PROJECT OR DEPT.							
Robert Young		Y0130		8/26/17																	
JOB NO. OR DESCRIPTION	TYPE OF WORK	ACCOUNT	SUB ACCT	HOURS WORKED BY DAYS							TOTAL HOURS	RATE	AMOUNT								
				S	M	T	W	T	F	S											
1 504749 MANSON STG	7				8	8	8	8	8	—	32										
2																					
3																					
4																					
5																					
6																					
EMPLOYEE													GROSS PAY								
SUPERVISOR													NET PAY								
WEEK ENDING				PROJECT OR DEPT				FICA		WITH TAX		A		B		C		D		E	