## RFG OIL, INC PAYROLL INFORMATION SHEET

Store Location:				_
Payroll Period:				_
Manager's Signature:				_
For each payrall period, please have	navrall information	NEW HIRES:		
For each payroll period, please have Employee Name	Date Hired	Base Pay	Othe	r Information
1.				
2.				
This includes Terminations/Pay Rate	Changes/Title Char	EMPLOYEE CHANGES/Address or Phone/Other	GES:	
Employee Name	Rate Change	Title	Effective Date	Other Changes/Explanation
1				
1.				
2.				
		TIME CARD CERTIFICA	ATION	
I declare under the penalty of	perjury under the	laws of the State of California that t	he following is true and correct t	to the best of my belief and knowledge:
All the hours I have worked for this	s period are correctly a	nd accurately recorded on individual Time C	Card attached to this form.	
• I understand that RFG has adopted	an Alternative Workw	eek as explained in RFG's Employee Manua	ıl.	
• I have taken a 30 minute, unpaid, m	neal period for every w	ork period of more than five hours per day, u	unless no more than six hours of work c	completed the day's work. The Employee has taken a s
<ul> <li>I have been given the opportunity to periods.</li> </ul>	take a paid rest perio	d of 10 consecutive minutes for each 4 hour	work period or fraction thereof (more the	han 2 hours) and the Employee has taken all such rest
	s spent more than 50%	of the above hours supervising other emplo	yees and performing managerial duties.	
	ences of theft, dishones	sty, discrimination, harassment or any other	violations of RFG Oil, Inc's employee n	nanual occurring at my workplace on or before the last
date of this work period.	l	Local Design of the Company of the C		
Any and all exceptions to the above	Mailed to	dentially, via one of the following methods:		
	Attn: President RFG Oil Inc. PO Box 9627	Emailed to employeehotline@rfgoil.com Attn: President		
	San Diego, Ca 92169  By signing below,	I am verifying I have read, understar	nd, and have complied with the f	ollowing:
Associate Manager/Assistant Manager		Employee Signature		Date
Associate Manager/Assistant Manager		Employee Signature		Date
CSR/Tech		Employee Signature		Date
CSR/Tech		Employee Signature		
CSN/Tecn		Employee Signature		Date
CSR/Tech		Employee Signature		Date
CSR/Tech		Employee Signature		Date
Print Employee Name		Employee Signature		Date
Print Employee Name		Employee Signature		Date
Print Service Center Manager's Name		SCM Signature		Date

\*USE ADDITONAL SHEETS IF NECESSARY