NOTE: IF YOU WORK ON MORE THAN ONE JOBSITE PER DAY, PLEASE LIST HOURS SPENT AT EACH JOBSITE

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		SUNDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		MONDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		TUESDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		WEDNESDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		THURSDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		FRIDAY		

JOB#	CODE	DESCRIPTION	REG	OT
		START TIME:		
		LUNCH BREAK:		
		STOP TIME:		
DATE		SATURDAY		

TOTAL HOURS

NAME _____

WORK CLASSIFICATION: _____

PERIOD ENDING _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

SUPERVISOR NAME: _____

BOTH EMPLOYEE AND SUPERVISOR MUST SIGN

PLEASE FAX TO 530-221-7038 OR DROP OFF AT OFFICE - *NO LATER THAN MONDAY NIGHT-5:00PM*