

EMPLOYEE FULL NAME:

		Date:	FRI	SAT	SUN	MON	TUE	WED	THU	TOTAL
JOB NAME	JOB # (OFFICE)	Start Time:								
		End Time:								
HAZARD ASSESSMENT COMPLETED (INITIAL DAILY) ----->										
		Start Time:								
		End Time:								
HAZARD ASSESSMENT COMPLETED (INITIAL DAILY) ----->										
		Start Time:								
		End Time:								
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		End Time:								
HAZARD ASSESSMENT COMPLETED (INITIAL DAILY) ----->										
		Start Time:								
		End Time:								
HAZARD ASSESSMENT COMPLETED (INITIAL DAILY) ----->										

TOTAL HOURS FOR WEEK #1:

NOTE: TIME SHEETS ARE DUE FRIDAY MORNING AFTER CUT-OFF. IF YOU ARE LATE YOU ARE RESPONSIBLE TO GET THIS TIME SHEET TO THE OFFICE ON YOUR OWN.

NOTES/COMMENTS:	FOR OFFICE USE ONLY
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DATE:		FRI	SAT	SUN	MON	TUE	WED	THU	TOTAL
JOB NAME	JOB # (OFFICE)	Start Time:							
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		End Time:							
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		Start Time:							
		End Time:							
HAZARD ASSESSMENT COMPLETED (INITIAL DAILY) ----->									

TOTAL HOURS FOR WEEK #2:
COMBINED WEEK #1 & WEEK #2 HOURS:

NOTE: TIME SHEETS ARE DUE FRIDAY MORNING AFTER CUT-OFF. IF YOU ARE LATE YOU ARE RESPONSIBLE TO GET THIS TIME SHEET TO THE OFFICE ON YOUR OWN.

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