

Employee's Name \_\_\_\_\_

Weekly Time Record For Week Of \_\_\_\_\_

Job #	Job Name	Shop	Field	Hours
Start Time _____ End Time _____				
1/2 lunch				
<b>Monday Totals --&gt;</b>				

Job #	Job Name	Shop	Field	Hours
Start Time _____ End Time _____				
1/2 lunch				
<b>Wednesday Totals--&gt;</b>				

Job #	Job Name	Shop	Field	Hours
Start Time _____ End Time _____				
1/2 lunch				
<b>Friday Totals--&gt;</b>				

Job #	Job Name	Shop	Field	Hours
Start Time _____ End Time _____				
1/2 lunch				
<b>Tuesday Totals--&gt;</b>				

Job #	Job Name	Shop	Field	Hours
Start Time _____ End Time _____				
1/2 lunch				
<b>Thursday Totals--&gt;</b>				

Job #	Job Name	Shop	Field	Hours
1/2 lunch				
Start Time _____ End Time _____				
<b>Saturday Totals--&gt;</b>				
Start Time _____ End Time _____				
1/2 lunch				
<b>Sunday Totals--&gt;</b>				

Please use this area to report any safety hazards you have noticed, as well as any other comments or suggestions. All immediate hazards should be reported to your supervisor at once. We welcome your thoughts.

\*\*I certify by my signature below that I have taken my 10 minute morning and 10 minute afternoon breaks, and my 30 minute meal break for every day that I worked 5 or more hour unless otherwise noted.

\*\*I certify by my signature below that I have not failed to report any injury to O&M Industries for any reason. (Your answer to this question is not a condition of your employment.)

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_