

Name

Weekly Time Card for week ending:

	Job Name	Job #	Code	Time In	Time Out	Hours	Description	Odometer Reading	Job Name/ #
Monday									Fr:
									To:
									To:
									To:
									To:
									To:
									To:
							Total:		
Tuesday									Fr:
									To:
									To:
									To:
									To:
									To:
									To:
							Total:		
Wednesday									Fr:
									To:
									To:
									To:
									To:
									To:
									To:
							Total:		
Thursday									Fr:
									To:
									To:
									To:
									To:
									To:
									To:
							Total:		
Friday									Fr:
									To:
									To:
									To:
									To:
									To:
									To:
							Total:		

TOTAL REGULAR HOURS \_\_\_\_\_  
 TOTAL OVERTIME HOURS \_\_\_\_\_

By signing below I certify that all of the information above is true and accurate. I also certify that I was not injured while employed by Swinson Electric.

EMPLOYEE SIGNATURE: \_\_\_\_\_

- CODES:**
- |                                   |                                |
|-----------------------------------|--------------------------------|
| 60 Branch Circuits/Rough          | 130 LV Systems Conduit/Devices |
| 05 Lunch Time                     | 140 Start Up/Cut Over          |
| 10 Planning/Layout/Meetings       | 150 Prefab/Plan (Shop)         |
| 20 Site Work - Utilities          | 160 Drive Time                 |
| 30 Site Branch/Site Lighting      | 170 Change Order               |
| 40 Underslab Work                 | 180 Cleanup/Demobilization     |
| 50 Light Fixture Install/Controls |                                |
|                                   | 120 Rework/Warranty            |

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