

Contractor Time Record

Contractor Name: _____

Client Name/Location: _____

Date	Day	Time In	Time Out	Time In	Time Out	Total Hours	Supervisor Initials
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
Weekly Total							

Signatures verify that this report of time worked is correct.

Contractor Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____