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 To	otal		

Signatures verify that this report of time worked is correct.

Contractor Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

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