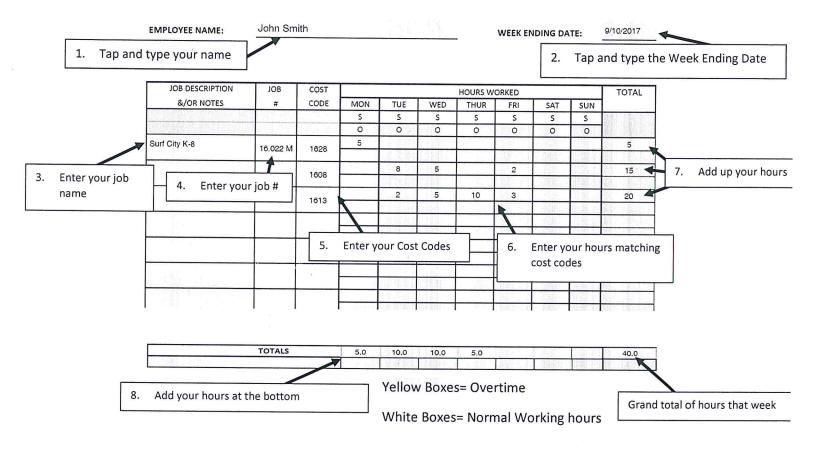
Using Adobe to fill out WEEKLY TIME SHEET

Top Section



Bottom Section

9. Read & Tap the correct box	
In signing this time sheet, I have reviewed the hours recorded. I attest the hours recorded are the true hours I worked and/or the hours I will be compensted based on company policy. I have not sustained a work related injury during the recorded work week. I have sustained a work related injury during the recorded work week. I have reported this termy supervisor immediately after the incident per company policy and completed the appropriate documents. EMPLOYEE SIGNATURE: DATE:	10. Sign & Date (See Adobe instructions on how to create/sign with a signature)
SUPERVISOR SIGNATURE: DATE:	Supervisor needs to sign & Date (See Adobe instructions on how to create/sign with a signature)