





EMPLOYEE NAME:			WEEK ENDING:								
OB DESCRIPTION	JOB	COST	HOURS WORKED								
AND / OR NOTES	#	CODE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL	
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TOTALS											
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MPLOYEE SIGNATURE:						DATE: _					
SUPERVISOR SIGNATURE:						DATE: _					
APPROVED:											