

**ADVANCED AMERICAN COSNTRUCTION**

**JOB LABOR TIME SHEET**

Date:				Day:				Supt. Approval:						Foreman Approval:									
Job Name:				Job #:				Work Location:						Owners Rep:									
<i>ST –Straight Time, OT – Over, DT- Double</i>				Item A			Item B			Item C			Item D			Item E							
Employee Name	Class	Hours Worked	Sub/Travel	J			J			J			J			J			Misc. Pay	Total Hours			Employee Signature
				P			P			P			P			P							
				E			E			E			E			E							
1																							1
2																							2
3																							3
4																							4
5																							5
6																							6
7																							7
8																							8
9																							9
10																							10

Were there any accidents today? If Yes, attach accident form to timecard. Is this job complete?

EQUIP. NAME	EQUIP. #	PHASE	DYS.	HRS.	Description of work in progress, equipment usage / breakdowns, owner conversations, Misc. Pay.