usg energy

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Fill in daily with ballpoint.
Client supervisor's approval signature required daily & weekly.

Client supervisor's name .....
Client .....
Installation .....
Location .....

Workweek from ..... to .....
Check-in time ..... Check-out time .....

Name	Position	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Weekly totals		Remarks
		Date		Date		Date		Date		Date		Date		Date		Total reg hrs	Total O.T. hrs	
		Reg	O.T.	Reg	O.T.	Reg	O.T.	Reg	O.T.	Reg	O.T.	Reg	O.T.	Reg	O.T.			

Week totals

Client's approval signature

Name of client's supervisor

Date & client's weekly approval signature

Send **original** and **yellow** copy to the administration.