WORK LOG

NAME: _____ **EMPLOYEE ID:** _____ **DATE:** _____

TRADE: _____ **POSITION #:** _____

WORK ORDER #	BLDG #	RM #/ FLOOR	TASK CODE	TIME	COMMENTS	COMPLETE? YES	COMPLETE? NO
OVERTIME							
			BREAKS				
TOTAL HOURS							

EMPLOYEE SIGNATURE: _____ **DATE:** _____

BY MY SIGNATURE, I ATTEST THAT I HAVE RECORDED ALL HOURS PHYSICALLY WORKED THIS DATE.

SUPERVISOR SIGNATURE: _____ **DATE:** _____

TIME ENTERED BY: _____ **DATE:** _____

Updated 11/4/15 S.A.P.