PORTER DRYWALL INC

COMPLETE DAILY AND SUBMIT TO THE OFFICE BY(NOON) ON MONDAY TO RECEIVE PAY ON FRIDAY.

PRINT NAME: **WEEK ENDING SATURDAY: / /09** **FAX # 878-2085**

JOB INFORMATION			WORK HOURS			WORK PHASES										
Mon	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
Tues	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
Wed	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
Thurs	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
Fri	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
Sat	JOB#	JOB NAME	Start Work	Lunch Taken	Leave Work	EF 5420	ES 6100	IF 9210	TW 9220	DF 8000	IN 7200	HA 9250	TA 9260	EI 7500	GC 1000	TOTAL HOURS
/ /09																
															TOTAL WEEKLY HOURS:	

Cost Code Definitions

EF-Exterior Framing
ES-Ext Sheath/Plywood
IF-Int Framing/BK-Wood Block/CP/TU
TW-Top of Walls
DF-Door Frames
IN-Insulation
HA-Hanging
TA-Taping/Fire Caulk
EI-E.I.F.S.
GC-General Cond Which includes Supervision, Labor, Travel and Admin

ACKNOWLEDGEMENT:

1. **WORK HOURS RECORDED AND JOB INFORMATION IS TRUE AND CORRECT.**
2. **ANY KNOWN INJURIES OR STRAINS THAT OCCURRED DURING THIS PERIOD WAS REPORTED TO THE JOB SUPERINTENDENT OR TO THE OFFICE.**
3. ***EMPLOYEE SIGNATURE:*** _____

Revised 05/08/09 *Word/Time Sheet09*