

FIELD TIME CARD

HILL CONSTRUCTION COMPANY

NAME: _____

PAY PERIOD: _____

DAY	DATE	IN	LUNCH OUT	LUNCH IN	OUT	Job Hrs	Job #	Office Cost Code	Work Description
MONDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
TUESDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
WEDNESDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
THURSDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
FRIDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
SATURDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								
SUNDAY									
<input type="checkbox"/>	No injury today								
<input type="checkbox"/>	Injury reported								

Total Hours

Office Notes:

SPECIAL NOTES :

EMPLOYEE SIGNATURE: