



WORK SAFE * WORK STRONG

Week Ending _____ 20____

Employee Name _____

Contractor Name _____

Job Name _____

Job Address _____

Number Street

City State Zip

Day of Week ↓	MM/DD/YY ↓	Time In	Start Lunch	Finish Lunch	Time Out	Regular Hours	Overtime Hours	Supervisor Initials
Day _____	Date _____							
Day _____	Date _____							
Day _____	Date _____							
Day _____	Date _____							
Day _____	Date _____							
Day _____	Date _____							
Day _____	Date _____							
Total Hours								

Prevailing Wage Yes No

Mileage _____ X _____ = _____
of mile pay per/mile Total

Per Diem _____ X _____ = _____
of days/unit rate Total

Supervisor's Initials

If you missed any time this week please write, in the corresponding space above, if the time was missed due to vacation, illness, weather, or other.

If other please explain

Any time missed and not explained will be recorded as unexcused.

I have not sustained a work related injury for this pay period.

I have sustained a work related injury for this pay period on (date): _____

Employee's Signature _____

Supervisor's Signature _____

**Email To timecard@pls.co
Due Monday 8AM**