NASSAU COUNTY

NAME_____ EMPLOYEE TIME LOG SHEET MONTH/YEAR_____

DAY/DATE	AM IN	AM OUT	PM IN	PM OUT	HOURS TOTAL	PROJECT NAME OR NORMAL MAINTENANCE, ROAD LOCATION, DISTANCE WORKED, TYPE OF WORK PERFORMED, MATERIALS USED, HAULED, SPREAD	TYPE OF EQUIPMENT USED AND EQUIPMENT NUMBER
FRONT TOTAL						USE AS MANY LINES AS NEEDED PER DAY FOR A COMPLETE DESCRIPTION, IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON THE BACK OF THIS SHEET, YOU MAY USE MORE THAN ONE SHEET PER WEEK IF NEEDED	

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BACK TOTAL FRONT TOTAL FRONT +BACK=WEEKLY TOTAL						USE AS MANY LINES AS NEEDED PER DAY FOR A COMPLETE DESCRIPTION, IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON THE BACK OF THIS SHEET, YOU MAY USE MORE THAN ONE SHEET PER WEEK IF NEEDED	

I hereby state that the information given above is true, to the best of my knowledge.

SUPERVISOR SIGNATURE_____ EMPLOYEE SIGNATURE_____