



Daily Time Sheet

Employee _____ Date _____

Job Name	Job #	Cost Code	Time In	Time Out	Total Time

Total Hours

Lunch Time Off _____ Time On _____ Total Lunch Time _____

In signing this time sheet, I have reviewed the hours recorded. I attest the hours recorded are true hours I worked and/or the hours I will be compensated based on company policy

I have not sustained a work related injury during the recorded work day.

I have sustained a work related injury, immediately reported it to my supervisor and filled out proper documentation per TA Woods company policy

Employee Signature _____ Date: _____

Approved _____ Date: _____

I have no outstanding items to report and no follow-up is needed.

I have follow-up items and/or parts needing to be ordered below.

Outstanding Items: