



WORK SAFE * WORK STRONG

Week Ending _____ 20____

Employee Name _____

Client Name _____

Project Name _____

Project 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
Monday	Date _____							
Tuesday	Date _____							
Wednesday	Date _____							
Thursday	Date _____							
Friday	Date _____							
Saturday	Date _____							
Sunday	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 your total hours are less than 40, please explain below.

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

I have sustained a work related injury for this pay period on (date): _____
By not checking this box you agree to the fact that you did **NOT** sustain a work related injury for this period.

Employee's Signature _____

Supervisor's Signature _____

Email To
timecard@plspros.com
Due Monday 8AM