



PO Box 968, Alpine, Ca 91903

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FOREMAN DAILY TIME SHEET

DATE: / /20

M T W T F S S

As an employee of Alvarez & Shaw, I confirm that I have worked the hours indicated on this timesheet in accordance with the respective classification. I affirm that I have received uninterrupted meal and rest periods as mandated by California law, IWC Order 12-2001, Section 11(A), and Labor Code Section 512. I acknowledge that it is my responsibility to promptly report any injuries to my supervisor. I confirm that I did not sustain any injuries today. By signing, I hereby attest that the above mentioned statement is accurate and true to the best of my knowledge.

JOB NAME: _____

JOB #: _____ PAGE ____ of ____

JOB TYPE: (CIRCLE ONE) PRIVATE PREVAILING UNION

FOREMAN: _____

EMPLOYEE NAME: _____

CLASSIFICATION
COST CODE
TIME IN
LUNCH OUT
LUNCH IN
TIME OUT
STRAIGHT TIME
OVER TIME
DOUBLE TIME

EMPLOYEE SIGNATURE DATE SIGNED

NOTES:

SAFETY		YES	NO	WAGE RATES	
INJURIES?				PRIVATE	
				PREVAILING WAGE	
SAFETY CONCERNS?				LOCAL 47 - OUTSIDE	
USA MARKOUT CURRENT?				INTERNAL APPROVAL	
				SUPERINTENDANT:	

QUANTITIES	LENGTH	WIDTH	DEPTH	CUBIC YDS	TONS	PPE USED?	YES	NO		
CURB/ GUTTER									PROJECT MANAGER	
ASPHALT						WEATHER				
CONCRETE						RAIN	OVERCAST	SUNNY	PAYROLL:	
EXCAVATION										

FOREMAN SIGNATURE _____ DATE _____

EQUIPMENT:	EQUIP #:	HOURS

CONTINUED FROM OTHER SIDE.

DATE: ___ / ___ / 20___



RENTED EQUIPMENT:	RENTED FROM	HOURS	DESCRIPTION/CONDITION NOTES:

DESCRIPTION OF WORK PERFORMED: