

**Mountain X LLC
Time Sheet**

DUE MONDAY BY NOON

Location (State): _____

Employee Name: _____

Week Ending Date: _____

Date:									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL	Comments
Safety Meeting									
Supervision									
Operator									
Labor									
Transport									
Hauling									
Manitenance									
Yard									
Office									
Travel (To and From Job)									
Commute									
TOTALS									

I CERTIFY THAT THE ABOVE HOURS ARE TRUE AND CORRECT:

Employee Signature: _____

Supervisor Signature: _____