EMPLOYEES' DAILY SIGN-IN LOG

Prime Contractor: _____ Subcontractor: _____ Contract #:_____

Address:_____ Agency:_____

Project Name/Location:_____ Date:_____

Employees Name	Classification	Time In	Employees Signature	Time Out	Employees Signature

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND REPRESENTS ALL PERSONS EMPLOYED BY MY FIRM ON THE ABOVE PROJECT ON THIS DATE.

NOTE: WORKERS THEMSELVES MUST SIGN IN AT THE TIME THEY ARRIVE AND SIGN OUT WHEN THEY LEAVE AND NOT SIGN IN AND OUT AT THE SAME TIME.

_____ _____ _____ _____

Signature(Contractors Representative) Name(Print) Title Date

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