

**TDC CONTRACT MANAGEMENT LP
Employee Timesheet**



Employee Name: _____

Date Submitted: _____

Employee Number: _____

Pay Period No. _____

Date	Work Description	Time		Department Code	Hours			Pay Rate
		From	To		Regular	1x OT	2x OT	
TOTAL HOURS								

Employee Signature: _____

NOTES:
Employees will receive a copy of this timesheet once approved by all parties.

Crew Supervisor Approval: _____

General Manager Approval: _____