

EMPLOYEE SIGNATURE: _____

EMPLOYEE NUMBER: _____

BOUND EDGE

	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	CHECK IF LOG SHEET ATTACHED <input type="checkbox"/>	
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
TIME	ON DUTY HRS.	TIME	ON DUTY HRS.	TIME	ON DUTY HRS.	TIME	ON DUTY HRS.
O N AM PM		O N AM PM		O N AM PM		O N AM PM	
O F AM PM		O F AM PM		O F AM PM		O F AM PM	
O N AM PM		O N AM PM		O N AM PM		O N AM PM	
O F AM PM		O F AM PM		O F AM PM		O F AM PM	
O N AM PM		O N AM PM		O N AM PM		O N AM PM	
O F AM PM		O F AM PM		O F AM PM		O F AM PM	
O N AM PM		O N AM PM		O N AM PM		O N AM PM	
O F AM PM		O F AM PM		O F AM PM		O F AM PM	
O N AM PM		O N AM PM		O N AM PM		O N AM PM	
O F AM PM		O F AM PM		O F AM PM		O F AM PM	
TOTAL ON-DUTY HOURS	▶	TOTAL ON-DUTY HOURS	▶	TOTAL ON-DUTY HOURS	▶	TOTAL ON-DUTY HOURS	▶
TOTAL ON-DUTY HRS. LAST 7 DAYS		TOTAL ON-DUTY HRS. LAST 7 DAYS		TOTAL ON-DUTY HRS. LAST 7 DAYS		TOTAL ON-DUTY HRS. LAST 7 DAYS	