



NAME: _____
WEEK ENDING: _____
CLIENT: _____
PROJECT: _____

email: operations@804technology.com
 fax: 636.530.3693
 cell: 314.267.8820

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL HOURS
ACTIVITY								
Straight Time								
Overtime								
Other (Specify)								
Holiday								
Vacation								
Sick								
Total Hours:								

Manager Signiture _____

Date _____