**DAILY WORK SHEET**

**JOB NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JOB NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE P.O. ISSUED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE JOB STARTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE JOB COMPLETED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CO'S APPROVAL (SIGNATURE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  | **(Sign here when job is completed)** |  |  |
|  |  |  |  |  |  |
|  |  |  |  | **CO’S INITIALS** |  |
|  | **DAYS** | **ACTUAL DATE** | **COMMENTS** | **(Daily)** |  |
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**This form must have every day signed off by the "CO" for contractor to receive credit for days not worked. Days which are not "signed off" will be considered work days.**

**Upon completion of this job a copy of this form must be sent to Affirmative Action Dept.**