

Employee Name	
Client Assigned	

Period Coverage	
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DATE	AM		PM		PM		TOTAL HOURS					REMARKS	
	IN	OUT	IN	OUT	IN	OUT	REG	OVERTIME	LATES	HOLIDAY	ND		

Total No. of Hours													
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OT DATE	FROM	TO	NO. OF HOURS	WORK TO BE DONE

I hereby certify that the above entries are all true and correct to the best of my knowledge. Any misrepresentation, falsification, or omission or what, of whatever nature required by this DTR shall be considered sufficient cause for dismissal at any time during my employment with EXPONENT GENERAL SERVICES INC.

_____ Employee Signature

_____ Supervisor Signature