

JASON'S HAULING, INC.
5102 N. 56TH STREET
TAMPA, FL 33610

NAME / NOMBRE: _____

WEEK ENDING / FECHA: _____

TIME SHEET (Mechanics Only)
TARJETA DE REGISTRO HORARIO (Mecanicos Solamente)

	DATE / FECHA	TRUCK NO. / NUMERO DE CAMION	BEGIN SHIFT / ENTRADA	LUNCH OUT / SALIDA	LUNCH IN / ENTRADA	END SHIFT / SALIDA	TOTAL HOURS / HORAS
MON./LUNES-AM							
MON./LUNES-PM							
TUE./MARTES-AM							
TUE./MARTES-PM							
WED./MIERCOLES-AM							
WED./MIERCOLES-PM							
THUR./JUEVES-AM							
THUR./JUEVES-PM							
FRI./VIERNES-AM							
FRI./VIERNES-PM							
SAT./SABADO-AM							
SAT./SABADO-PM							
SUN./DOMINGO-AM							
SUN./DOMINGO-PM							
ADJUSTMENTS/AJUSTES:							
NOTES/NOTAS:							
							TOTAL HOURS/ HORAS
EMPLOYEE SIGNATURE / FIRMA EMPLEADO							
APPROVED / APROVADO							

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