<u>Instructions for SCA DAILY SIGNATURE LOG</u>

A School Construction Authority Daily Signature Log (**DSL**) must be completed every workday for all SCA construction job sites. The DSL must be visible and must be kept on-site for inspection by SCA officials. The updated form has some new fields to ensure that workers are accounted for and aware of the requirement that they must be paid the legally mandated prevailing wages and benefits.

The SCA Daily Signature Log is available in two different formats: PDF and Excel.

DSL-SCA PM -15 Exhibit 4a rev 4 (04-18) PDF Fillable DSL-SCA PM -15 Exhibit 4b rev 4 (04-18 Excel Fillable

- 1. All workers must sign in at the beginning of their shift and sign out at the end of their shift, in PEN. At NO time should an employee sign a Daily Signature Log that is not pre-filled with job specifics, the employee's name and the base wage for their trade.
- 2. If a worker does not show up for his shift, please indicate by putting a line through the worker's name on the prefilled form (Example: **John Doe**). Do not scribble or use white-out.

To facilitate the completion of the DSL, the captions can be pre-filled prior to the start of the work shift. The captions below <u>MUST</u> be completed before the employee signs the Log.

- A. Company Name (Check either Contractor or Subcontractor)
- B. Company Address
- C. Name of Supervisor
- D. Make-Up Day & Date (If Any), & Reason for Make-up Day
- E. Day of the Week (Monday, Tuesday, etc.)
- F. Today's Date
- G. School Project Name and Address
- H. PLA Y/N (Y for Yes, N for No)
- I. SCA Solicitation #
- J. SCA Contract #

- K. Print Employees Name
- L. Last 4 digits of Social Security Number
- M. Circle Classification: Journeyperson (*J*) or Apprentice (*A1, A2, A3, etc.*) List Trade: (*Asbestos Handler, Electrician, Painter, Steamfitter, etc.*)
- N. Base Wage Rate (Not PLA Rate)
- O. Supplemental Benefit Rate
- P. Union Affiliation or "None"

Union Local or Affiliation (If Any), or" None

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ÓO			All work	ers must SIGN	IN at beginnin	g of shift and SIC	SN OUT at end of sh	<u>iift</u>			
NYC School Construction Author	4									PAGE	OF
School Construction Author	rity							NAM	E OF SUPERVISOR O	C C EMPL	OYEES (PRINT)
FIRM: (Check one) [] CONTRAC	TOR []	SUBCONTRACTOR			COMP	ANY ADDRESS			REASON		AY AND DATE CANCELLED*
A)					В				(D
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE			PROJECT NAME &	ADDRESS		PLA (Y/N)	SCA SOLICIT.	ATION#	SCA CONTRACT #
E		(F)			G			H			(J)
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGN/ (SIGN IN)	ATURE	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
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		J A1 A2 A3+				[] AM [] PM			[] AM [] PM	HRS	
		J A1 A2 A3+				[] AM [] PM			[] AN [] PM	HRS	
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		J A1 A2 A3+				[] AM [] PM			[] AM [] PM	HRS	
COMMENTS:				IT IS UNLAW	FUL TO MAK	E FALSE ENTR	IES ON THIS DOC	CUMENT		-	UESTIONS ? COMPLAINTS ?
			I,								CALL SCA'S LAW COMPLIANCE
* Make up day criteria: When conditions beyond the weather, power failure, fire or natural distanter preventional supplies the second of the s	ent the performs	ance of Program work on a		Full Name hereby	certify, that the	above information	Official Company on this form is comp		rect.	(718	OTLINE" 8) 472-8100 LS ARE KEPT CONFIDENTIAL)
worker would have been entitled. Date = Date that was rescheduled					Company Officer's Signatu	re	Date				

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

At the START of their shift, **employees** are required to complete the following captions: (*do not fill in prior to start of the shift*):

- Q. Starting Time
- R. Employee Sign-In (Signature)

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		DA							J		
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NYC	-									PAGE	OF
School Construction Autho	rity							NAM	E OF SUPERVISOR O	F LISTED EMPL	OYEES (PRINT)
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DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE			PROJECT NAME &	ê ADDRESS		PLA (Y/N)	SCA SOLICITA	ATION #	SCA CONTRACT #
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PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION	EASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGN (SIGN IN)	ATURE	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
		J A1 A2 A3+			None	Q []AM []PM	R)	[] AM [] PM	HRS	
		J A1 A2 A3+				[] AM [] PM			[] AM [] PM	HRS	
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		J A1 A2 A3+				[] AM [] PM			[] AM	HRS	
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		J A1 A2 A3+				[] AM [] PM			[] AM	HRS	
		J A1 A2 A3+				[] AM [] PM			[] AM	HRS	
COMMENTS:				IT IS UNLAW	FUL TO MAK	E FALSE ENTE	NES ON THIS DOC	CUMENT		-	UESTIONS ? COMPLAINTS ?
			I	Full Name			Official Company	Title			CALL SCA'S LAW COMPLIANCE
* Make up day criteria. When conditions beyond the weather, power failure, fire or natural disaster prever regularly scheduled work day, the worker may work worker would have been entitled.	ent the perform:	ance of Program work on a		hereby o	certify, that the	above information	on this form is comp	olete and cor	rect.	(71)	OTLINE" 8) 472-8100 LS ARE KEPT CONFIDENTIAL)
Date = Date that was rescheduled				-	Company Officer's Signat.	re	Date				

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At the END of their shift, **employees** must complete the following captions and then Sign-Out:

- S. Quitting Time
- T. Total Hours Worked this Shift (Excluding Meal Time)
- U. Employee Sign-Out (Signature)

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All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift												
SCA	4									PAGE	OF	
School Construction Author	rity							NAN	ME OF SUPERVISOR OF	LISTED EMPL	OVEES (PRINT)	
								150				
FIRM: (Check one) [] CONTRACT	IOR	SUBCONTRACTOR			COMPA	ANY ADDRESS			REASON F	OR MAKEUP D	AY AND DATE CANCELLED*	
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE			PROJECT NAME &	e annerss		PLA (Y/N)	SCA SOLICITA	TION	SCA CONTRACT #	
DAT OF WEEK (Minitary, Tuesday, etc.)	-	TODAT SDATE			PRODECTIVANE	t ADDRESS		FLA(I/N)	SCA SOLICITA	HONS	SCA CONTRACT #	
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIG? (SIGN IN)		QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)	
		J A1 A2 A3+			"NONE"	[] AM [] M4[]			S DAY	T RS	U	
		J A1 A2 A3+				[] AM [] PM			[] AM [] PM	HRS		
		J A1 A2 A3+				[] AM			[] AM	HRS		
		J A1 A2 A3+				[] AM			[] AM	HRS		
		J A1 A2 A3+				[] AM [] PM			[] AM [] PM	HRS		
		J A1 A2 A3+				[] AM			[] AM	HRS		
		J A1 A2 A3+				[] AM			[] AM	HRS		
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COMMENTS:				IT IS UNLAW	FUL TO MAK	E FALSE ENT	RIES ON THIS DO	CUMENT		-	UESTIONS ? COMPLAINTS ?	
			I,	Full Name			Official Company			LABOR I	CALL SCA'S LAW COMPLIANCE	
hereby certify, that the above information on this form is complete and correct. "HOTLINE" (718) 472-8100 (ALL CALLS ARE KEPT CONT IDENTIAL) (ACRE would have been easibled.												
Date = Date that was rescheduled				-	Company Officer's Signatu	же	Date					

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

Once finalized, a company officer must sign the DSL, which certifies that the information provided is complete and correct. Falsification is a punishable offence. The completed form must be forwarded to the SCA Labor Law Compliance Division.

SCA School Construction Authority		All worke	CICN)G		
			rs must SiGN	IN at beginning	of shift and SIC	N OUT at end of sh	ift			
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	7						NAM	E OF SUPERVISOR OF	F LISTED EMPL	OYEES (PRINT)
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	J A1 A2 A3+				[] AM			[] AM	HRS	
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ake up day criteria: When conditions beyond the cost her, power failure, fire or natural disaster prevent th larly scheduled work day, the worker may work on a ur would have been estatled = Date that was rescheduled	performance of Program work on a		hereby	certify, that the a	above information	on this form is comp	lete and cor	rect.	(718 (ALL CAL	S) 472-8100 LS ARE KEPT CONTEDENTIAL)

Sample of Daily Signature Log and captions that must be completed before employee signs in:

5		DA]					JRE)G		
ĆO/			All work	ers must SIGN	IN at beginnin	g of shift and S	IGN OUT at end of sh	<u>iift</u>			
SCA	_									PAGE	OF
School Construction Author	rity							NAM	ME OF SUPERVISOR		OYEES (PRINT)
FIRM: (Check one)	TOR	SUBCONTRACTOR			COMPA	ANY ADDRESS				hn Doe FOR MAKEUP D	AY AND DATE CANCELLED*
BOSS CONT	RACTI	NG		123 3	0 ST, Long	Island City, N	Y 11101				
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE			PROJECT NAME &	& ADDRESS		PLA (Y/N)	SCA SOLICIT	ATION#	SCA CONTRACT #
Monday		4/2/2018		MS 61, 400 I	Empire Blvd	, Brooklyn N	Y 11225	Y	10-000	33H	C000012345
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING TIME	EMPLOYEE'S SIGN. (SIGN IN)	ATURE	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
		J A1 A2 A3+				[] Ab	4		[] A]	d HRS	
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		J A1 A2 A3+				[] AM [] PM			[] A3	HRS	
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COMMENTS:				IT IS UNLAW	FUL TO MAK	E FALSE ENT	RIES ON THIS DOC	CUMENT		-	UESTIONS ? COMPLAINTS ?
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* Make up day criteria: When conditions beyond the weather, power failure, fire or natural disasters prever regularly scheduled work day, the worker may work worker would have been entitled.	at the perform	ance of Program work on a		hereby o	certify, that the	above information	on on this form is comp	lete and cor	rrect.	$\overline{(71)}$	OTLINE" 8) 472-8100 LS ARE KEPT CONFIDENTIAL)
Date = Date that was rescheduled					Company Officer's Signatu	re	Date				

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Sample of Prefilled Daily Signature Log Employee **SIGN IN** beginning of Shift

13		DA	ILY	Y SI	GN.	AT	U	JRE	LC)G		
			All work	ers must SIGN	IN at beginnin	g of shift a	and SIG	GN OUT at end of sh	ift			
SCA	4										PAGE	OF
School Construction Author	rity											_
									NA	ME OF SUPERVISOR OF Jol	n Doe	OYEES (PRINT)
FIRM: (Check one)		SUBCONTRACTOR				ANY ADDRES				REASON F	OR MAKEUP D	AY AND DATE CANCELLED*
BOSS CONT	RACTI			123 3	30 ST, Long		ity, N	Y 11101				
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE			PROJECT NAME	7935			PLA (Y/N)	SCA SOLICITA		SCA CONTRACT #
Monday		4/2/2018		MS 61, 400 H	•	, Brookly	n NY	11225	Y	10-0003		C000012345
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING	TIME	EMPLOYEE'S SIGN (SIGN IN)	ATURE	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
Jayne Doe	2323	Electrician A	\$56.00	\$54.35	L-3	8	() AM	Јауне Дос	i.	[] AM [] PM	HRS	
Adam Sample	3344	Carpenter	\$52.50	\$46.28	DC	8	AM []PM	Adam San	rple	[] AM [] PM	HRS	
Frances Elpmas	6314	Carpenter	\$52.50	\$52.50 \$46.25 DC 8 Prances Elpmas (IAM IPM HRS								
David Someone	1497	Mason Tender	\$37.90	\$30.59	L-79	8	[] AM	David Sem	cone	[] AM	HRS	
Michael Audit	7911	J A1 A2 A3+ Mason Tender	337.90	\$30.59	L-79		[] AM [] PM			[] AM	HAS	
		J A1 A2 A3+					[] AM [] PM			[] AM	HRS	
		J A1 A2 A3+					[] AM [] PM			[] AM	HRS	
		J A1 A2 A3+					[] AM [] PM			[] AM	HRS	
COMMENTS:				IT IS UNLAW	FUL TO MAE	KE FALSE	ENTE	RIES ON THIS DOC	UMENT		-	UESTIONS ? COMPLAINTS ?
			1	Full Name				Official Company	Fiel-			CALL SCA'S LAW COMPLIANCE
hereby certify, that the above information on this form is complete and correct. "HOTLINE" (718) 472-8100 (ALL CALLS ARE KEPI CORF BENTIAL)												
Date = Date that was rescheduled				-	Company Officer's Signat	ture		Date				

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Sample of Daily Signature Log Employee **SIGNS OUT** End of Shift

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- CO			All work	cers must SIGN	IN at beginnin	ig of shift a	and SIC	GN OUT at end of sh	aift					
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School Construction Autho	wity													_
School School action.									NAM	ME OF SUPER		n Doe	MPLO	OYEES (PRINT)
FIRM: (Check one)	CTOR	SUBCONTRACTOR				ANY ADDRES				F			UP DA	AY AND DATE CANCELLED*
BOSS CONT	FRACTI	ING		123 3	30 ST, Long		ity, N	Y 11101		l				
DAY OF WEEK (Monday, Tuesday, etc.)	=	TODAY'S DATE			PROJECT NAME &				PLA (Y/N)		SOLICITA		\dashv	SCA CONTRACT #
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PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STADING	TIME	EMPLOYEE'S SIGN. (SIGN IN)	ATURE	QUITTING	G TIME	WORKI (EXCLUD MEAL)	ED ING	EMPLOYEE'S SIGNATURE (SIGN OUT)
Jayne Doe	2323	O A1 A2 A3+ Electrician A	\$56.00	\$54.35	L-3	8	AM []PM	Јаупе Дое	8	4:30	[] AM		HRS	Јаупе Дое
Adam Sample	3344	Carpenter	\$52.50	\$46.28	DC	8	[] PM	Adam San	nple	4:30	[] AM	8	HRS	Adam Sample
Frances Elpmas	6314	Carpenter	\$52.50	\$46.25	DC	8	[] AM	Frances Ely	omas	4:30	[] AM	8	HRS	Frances Elpmas
David Someone	1497	Mason Tender	\$37.90	\$30.59	L-79	8	[] AM	David Sem	eone	4:30	[] AM	8	HRS	David Sameene
Michael Audit	7911	J A1 A2 A3+ Mason Tender	\$37.90	\$30.59	L-79		[] AM [] PM				[] AM [] PM		HA.S	
		J A1 A2 A3+					[] AM [] PM				[] AM [] PM	0	HRS	
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COMMENTS				IT IS UNLAW	FUL TO MAK	CE FALSE	ENTE	RIES ON THIS DOC	UMENT			WA		UESTIONS ? COMPLAINTS ?
			3	I,Full Name				Official Company	Title]	LABO		CALL SCA'S CAW COMPLIANCE
* Make up day criteria. When conditions beyond the weather, power failure, fire or natural disaster prever regularly scheduled work day, the worker may work worker would have been entitled.	rent the perform	nance of Program work on a			certify, that the	above info	rmation	n on this form is comp		rrect.		(7	718	OTLINE" 3) 472-8100 SARE KEPT CONFIDENTIAL)
Date = Date that was rescheduled			İ		Company Officer's Signat.	ture		Date						

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION

Sample of Daily Signature Log Employee **FINALIZED** by Employer

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SCA	_											PAGE 1	OF <u>1</u>
School Construction Autho	rity								NA	ME OF SUPER		LISTED EMPL In Doe	OYEES (PRINT)
FIRM: (Check one)	TOR	SUBCONTRACTOR	COMPANY ADDRESS										AY AND DATE CANCELLED*
BOSS CONT	RACTI	ING		123 3	30 ST, Long		ity, N	Y 11101					
DAY OF WEEK (Monday, Tuesday, etc.)	=	TODAY'S DATE			PROJECT NAME 8	& ADDRESS			PLA (Y/N)	SCA S	SOLICITA	TION#	SCA CONTRACT #
Monday		4/2/2018		MS 61, 400 I		, Brookly	yn NY	11225	Y	1	0-00033	вн	C000012345
PRINT EMPLOYEES NAME	LAST 4 OF SSN	CIRCLE CLASSIFICATION LIST TRADE	BASE WAGE RATE	SUPPLEMENTAL BENEFIT RATE	UNION LOCAL # AFFILIATION OR "NONE"	STARTING	TIME	EMPLOYEE'S SIGN (SIGN IN)	ATURE	QUITTING	TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
Jayne Doe	2323	O A1 A2 A3+ Electrician A	\$56.00	\$54.35	L-3	8	[] AM	Jayne Doe	i.	4:30	[] AM	8 HRS	Јаупе Дое
Adam Sample	3344	Carpenter	\$52.50	\$46.28	DC	8	[] AM	Adam San	rple	4:30	[] AM	8 HRS	Adam Sample
Frances Elpmas	6314	Carpenter	\$52.50	\$46.25	DC	8	[] AM	Frances Elp	rmas	4:30	[] AM	8 HRS	Frances Elpmas
David Someone	1497	Mason Tender	\$37.90	\$30.59	L-79	8	[] AM	David Sem	cone	4:30	[] AM	8 HRS	David Sameene
Michael Audit	7811	J A1 A2 A3+ Mason Tender	\$37.90	\$30.39	L-79		[] AM [] PM				[] AM [] PM	HA.3	
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		J A1 A2 A3+					[] AM Mq[]				[] AM [] PM	HRS	
COMMENTS:				IT IS UNLAW	FUL TO MAK	E FALSE	ENTR	RIES ON THIS DOC	CUMENT			-	UESTIONS ? COMPLAINTS ?
			1	, E	David Hines			President Official Company	Fale		1		CALL SCA'S LAW COMPLIANCE
* Make up day criteria. When conditions beyond the weather, power failure, fire or natural diseaster preve regularly scheduled work day, the worker may work	ent the perform	nance of Program work on a			certify, that the	above infor	rmation	on this form is comp		rrect.		(718	OTLINE" 8) 472-8100 LS ARE KEPT CONFIDENTIAL)
regularly scheduled work day, the worker may work worker would have been entitled. Date = Date that was rescheduled.	, on a Sasurday	rior me same pay to which the		-	wid Hines Company Officer's Signatu			4/1/2018 Date					

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION