



DAILY SIGNATURE LOG

All workers must SIGN IN at beginning of shift and SIGN OUT at end of shift

PAGE ____ OF ____

NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT)

FIRM: (Check one) <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR		COMPANY ADDRESS					REASON FOR MAKEUP DAY AND DATE CANCELLED*					
DAY OF WEEK (Monday, Tuesday, etc.)		TODAY'S DATE		PROJECT NAME & ADDRESS			PLA (Y/N)	SCA SOLICITATION #		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 SIGNATURE (SIGN IN)	QUITTING TIME	TOTAL HRS WORKED (EXCLUDING MEALS)	EMPLOYEE'S SIGNATURE (SIGN OUT)
		J	A1	A2								
								<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
								<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
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								<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	

COMMENTS:

IT IS UNLAWFUL TO MAKE FALSE ENTRIES ON THIS DOCUMENT

**QUESTIONS ?
WAGE COMPLAINTS ?**

**CALL SCA'S
LABOR LAW COMPLIANCE**

**"HOTLINE"
(718) 472-8100
(ALL CALLS ARE KEPT CONFIDENTIAL)**

I, _____
Full Name Official Company Title

hereby certify, that the above information on this form is complete and correct.

Company Officer's Signature Date

* Make up day criteria: When conditions beyond the control of the contractor, such as severe weather, power failure, fire or natural disaster prevent the performance of Program work on a regularly scheduled work day, the worker may work on a Saturday for the same pay to which the worker would have been entitled.
Date = Date that was rescheduled

COPY MUST BE KEPT ON SITE & AVAILABLE FOR INSPECTION