Week Ending:			email to: payroll@neielectric.com		Name: _____								
Job Name		Lockout Tagout Y | N	Arc Flash Eg. Y | N	Job #	Task Code	Rate Code	Time / Hours						Expenses
							Local	Start	End	Reg	OT	DT	
M													
TU													
W													
TH													
F													
SA													
SU													
*	I acknowledge the above information is complete and correct.					Totals:				0	0	0	
*	Employee:_____ Foreman:_____												
**	For all yes boxes checked, please fill out												

Labor (1)	
OPU/GPU	OPU
Breakroom	BR
Front Offices	OFF
Starbucks	STAR
Guest Services	GS
Restroom	RR
Checklane	C
Beauty	B
Fitting Room	FR
Stockroom	SR
Department Sign	DS
Exterior/Entrance	E
Electronics	EE
Sales Power	SP
Valance Lighting	VL
Track Lighting	TL
Market Luxbeam	ML
Walk-in Cooler	WIC
Grocery	GRO
Mobilization	M
Temporary Power	T
Supervision	S
Optical	EYE