MGE MECHANIC'S DAILY WORK REPORT

NAME: _____ LOCATION: P.R. YARD_____ DATE:_____

START TIME	MEAL START TIME	MEAL END TIME	END TIME

**** You must record your shift start time, meal start time, meal end time and shift end time at the appropriate times. Not at the end of the day.**

EQUIP.#	EQUIPMENT DESCRIPTION	EQUIPMENT HRS.	WORK PERFORMED	HOURS WORKED

Employee Certification

I hereby certify under penalty of perjury that I have worked all the hours reported on this timesheet and that I have also received all meals and rest breaks to which I was legally entitled.

I hereby certify that I have not sustained an injury on this assignment. Unless noted on this form, I have not been injured on the job this week.
I understand it is my responsibility to turn in my original time sheet at the end of each week to my foreman and/ or office in order for me to be paid for the total weekly hours shown. This time sheet must be completed and signed by both me and by an authorized representative of the company who can verify the days and hours worked.

Falsification of time records is grounds for disciplinary action, up to and including termination of employment.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____