

URIEL CORPORATION WEEKLY TIME AND DISTRIBUTION REPORT

Employee Name and Number:		Jobn Class: _____ Project or Dept. _____ Week Ending: _____	Shift	1	2	3
			_____	_____	_____	_____

	Job No. or description	Type of Work	Hours Worked By Days							Total Hours	Rate	Amount
			1	2	3	4	5	6	7			
1	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

	Job No. or description	Type of Work	Hours Worked By Days							Total Hours	Rate	Amount
			1	2	3	4	5	6	7			
4	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6	_____ _____	____ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Employee: _____	Week Ending: _____
Supervisor: _____	Project or Dept. _____

Submit completed form to: management@urielcorporation.com, and or print form and call (708) 598-7314 to arrange fax for submission to Uriel Corporation. Call for assistance with the form.