

Employee Name: \_\_\_\_\_

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Tuesday TOTAL				

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Thursday TOTAL				

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Saturday TOTAL				

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Monday TOTAL				

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Wednesday TOTAL				

JOB & WORK DONE	IN	OUT	TOTAL	Office Use Only
Travel:				
Date:				
Friday TOTAL				

Were you injured on the job this week?  
 If yes, did you report the injury?  
 NO \_\_\_\_\_ YES \_\_\_\_\_  
 NO \_\_\_\_\_ YES \_\_\_\_\_

*I understand that failure to fill out this form completely and correctly may delay payment of wages and affect my rights to Workers Comp. under Massachusetts General Laws - Chapter 152, Section 65.*

Employee Signature: \_\_\_\_\_

COVID-19 Policy - I understand that if I am not feeling well I should notify my supervisor and stay home from work, or leave work as the case may be. I also understand that if I notice a co-worker displaying symptoms that I should notify my supervisor.