| LABOR COST CODE DESCRIPTION: | CODE |
|---|---|
| Fixtures and Lamps | 100 |
| Plugs, Switches, Plates | 101 |
| Branch circuit, MC, 1/2", 3/4", 1" pipe, wire, an boxes | 102 |
| Feeder, 1 1/4" through 4" pipe & wire | 103 |
| Fire Alarm, Sound, Special Systems Devices only | 104 |
| Trenching, Backfilling, Tamping NO CONDUIT | 105 |
| Panels, Meters, Transformer, Main Serv MDP, Gutter, Controls, & Contactors | 106 |
| Other: (Include Description below) | 107 |
| Holiday or Vacation | 108 |
| Special Tools Used ( Please Describe) | 109 |

# EMPLOYEES WEEKLY TIME CARD FOR FOSTER ELECTRIC CORPORATION

WEEK ENDING _____

NAME _____

Last 4 digits of SS# (PIN#) _____

Record time daily. Record Cost Code to the nearest 1/2 hour. Use a separate line for each job. **HAVE FOREMAN or SUPERVISOR** verify hours daily, and initial. Record Job Name, Number, Number of Hours & Cost Code for work performed. (IF you work more than one job and /or Cost Code in a day, then record each Job Name, Number, and number of hours separately.) Time sheets are due, to the office, by 5:00 PM every **Wednesday.** You are paid Bi-weekly.

There is a **MANDATORY SAFETY MEETING**, at the shop, **THE FIRST WEDESDAY OF EVERY MONTH.**

| JOB NAME | JOB # | DAY/DATE | THURS | FRIDAY | SAT | SUNDAY | MONDAY | TUESDAY | WED | TOTAL HOURS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | TIME IN | | | | | | | | | |
| | | TIME OUT | | | | | | | | | |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
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| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| | | HOURS | | | | | | | | | REG |
| | | COST CODE | | | | | | | | | OT |
| FOREMAN/SUPERVISORS INITIALS | | | | | | | | | | REG | OT |

To ensure proper payment and distribution, it is the responsibility of each Employee to complete their own time report and have it INITIALED by the Foreman/Supervisor DAILY.

To the best of my knowledge, the information contained herein is true and accurate. EMPLOYEE'S SIGNATURE _____