

DAILY LABOR REPORT (SHORT) For use of this form, see ER 37-2-10; the proponent agency is CERM-FC			DATE (YYYYMMDD) AND BRIEF STATEMENT OF WORK DONE*																				DATE (YYYYMMDD)	REPORT NUMBER		
NAME (Last, First MI.) (Including Foreman)	PAY RATE †	KIND OF TIME †																					PAGE _____ OF _____			
			HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	HR*	AMT ‡	TOTAL HOURS WORKED †	COST RATE PER HOUR †	TOTAL COST ‡	
1.		REG																								
2.		REG																								
3.		REG																								
4.		REG																								
5.		REG																								
6.		REG																								
* TO BE FILLED IN BY FOREMAN	TOTALS																									
† TO BE FILLED IN BY TIMEKEEPER	DATE (YYYYMMDD)	FOREMAN SIGNATURE (Data Furnished Certified Correct)					DATE (YYYYMMDD)	TIMEKEEPER SIGNATURE (Data and Rates Furnished Certified Correct)					REPORTING UNIT													
‡ TO BE FILLED IN BY DISTRICT OFFICE COST SECTION OR FIELD CLERK																										