THE CITY OF NEW YORK * OFFICE OF THE COMPTROLLER * BUREAU OF LABOR LAW

EMPLOYEES' DAILY SIGN-IN LOG

Prime Contractor:		Subcontractor:			_ Contract #:	
Address:				A	gency:	
Project Name/Location:				Date:		
Employees Name	<u>Classification</u>	<u>Time In</u>	Employees Signature	Time Out	Employees Signature	
I HEREBY CERTIFY THAT THE ABOVE INFO						
INCIE. WOMENS THEWSELVES WOSTS	ION IN AT THE THREE THEF AN	MIVE AND SIGN OF	TO WHILM THE LEAVE AND NOT SI	GIT III AIID OOT AT	THE SAME HIME.	
Signature(Contractors Representative)	Name(Prir	Name(Print)			Date	