



GENERAL ENGINEERING CONTRACTOR

Lic No. 863777
31461 Riverside Dr. Suite B Lake Elsinore, CA 92530
Tel: 951-245-4226
Email: office@mindencorp.com
Web: MINDENCORP.COM

TWO (2) FORMS OF IDENTIFICATION IS REQUIRED

Employment Application

Applicant Information

Full Name: Last First M.I. Date:
Address: Street Address Apartment/Unit #
City State ZIP Code
Phone: Email
Date Available: Social Security No.: Desired Salary:\$
Position Applied for:
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when?
Referred by:
Emergency Contact: Name: Telephone:

Education

High School: Address:
From: To: Did you graduate? YES NO Diploma::
College: Address:
From: To: Did you graduate? YES NO Degree:
Trade School: Address:
From: To: Did you graduate? YES NO Degree:

Professional References

Full Name: Relationship:
Company: Phone:
Address:
Full Name: Relationship:
Company: Phone:
Address:



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative OFFICE MGR	
Last Name of Employer or Authorized Representative ALBEE	First Name of Employer or Authorized Representative NALANI	Employer's Business or Organization Name MINDEN CORP.		
Employer's Business or Organization Address (Street Number and Name) 31461 RIVERSIDE DR SUITE B		City or Town LAKE ELSINORE	State CA	ZIP Code 92530

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) MINDEN CORP. 31461 SUITE B LAKE ELSINORE CA 92530		9 First date of employment	10 Employer identification number (EIN) 20-2846686	
Date ▶				

Intuit QuickBooks Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes MINDEN CORP. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature:  Employee ID #: _____

Print name: _____ Date: _____

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: MINDEN CORP.

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

MINDEN STORM DRAIN STRUCTURES

Physical Address of Hiring Employer's Main Office:

31441 RIVERSIDE DR SUITE B LAKE ELSINORE CA 92530

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 951-245-4226

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: N/A

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

N/A

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: EVERY FRIDAY - DIRECT DEPOSIT

WORKERS' COMPENSATION

Insurance Carrier's Name: STATE COMPENSATION INSURANCE FUND

Address: 6301 DAY ST RIVERSIDE CA 92507

Telephone Number: 888-782-8338

Policy No.: 9168583

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 5 days or 40 hours, whichever is greater, of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using sick days;
 2. attempting to exercise the right to use paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor

The following applies to the employee identified on this notice: *(Check one box)*

1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
3. Employer provides no less than 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period.
4. The employee is exempt or partially exempt from paid sick leave by Labor Code §245.5. (State exemption and subsection for exemption): _____

EMERGENCY OR DISASTER DISCLOSURE

There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work issued within 30 days before the employee's first day of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety)

ACKNOWLEDGEMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



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NOTICE TO ALL APPLICANTS:

All hired applicants are subject to ninety (90) day probation period for evaluation on employment qualifications and determine permanent eligibility.

All employees must adhere to all Safe Practices, policies and procedures while performing duties during Minden Corp. working hours and report any unsafe practices to supervisor immediately.

All employees must report to their supervisor any physical restrictions that will limit employee's ability to perform required duties.

Minden Corp. is a "Drug Free Workplace" and any employee involved in any workplace related injury will be subject to mandatory drug testing.

Any employee assigned a company vehicle acknowledges the company vehicle is for business purposes only and required to report any damages on their company vehicle to their supervisor immediately. Any employee assigned a company vehicle must maintain a valid State of California Driver's License and current personal auto insurance. Your supervisor will advice you on all required items for the company vehicle that you will be required to keep in vehicle. The assigned Fastrac transponders are to be kept in the company vehicle and are for business purposes only. No one else other than assigned employee is allowed to drive / operate the company vehicle at any time.

Any fuel credit cards, store (material suppliers) credit cards and supplier account purchases are for business purposes only.

Any employee who is issued a company cell phone acknowledges the company cell phone is for business purposes and assumes liability for any damages caused by personal neglect.

Employee Acknowledgement and Agreed by:

Signature

Print Name

Date



June 16, 2022

Attention Employees:

As you may have heard, the State of California has enacted a program to help employees save for retirement: the CalSavers Retirement Savings Program. Through this program, you will be able to contribute a portion of your salary into a Roth Individual Retirement Account that belongs to you. As we are required to do, Minden Corporation is now registered with CalSavers.

Shortly, you will receive a communication informing you of your opportunity to begin participating in CalSavers. The communication will be sent to the email or mailing address you have on file with us from a company called Ascensus (e-mail: clientservices@calsavers.com), which is working with the State of California to administer the program.

The program is completely voluntary for you but is set up as automatic enrollment, so if you choose to not participate, you need to follow the instructions on the information you will receive from CalSavers in order to opt-out. If you choose not to opt out, you will be enrolled into the program automatically and we will begin deducting 5% of your paycheck to remit it to your CalSavers account. Once enrolled, you can log into your account at any time (at calsavers.com) and change your contribution amount, investment options, or choose to opt out – or opt back in.

If you have any questions regarding the program, you can go to www.calsavers.com or call 855-650-6918.

Please note: Minden Corporation does not sponsor or maintain CalSavers. Minden Corporation's involvement in CalSavers is limited to processing your payroll withholding contributions to the program and remitting them to CalSavers. We do not promise any particular investment return on your savings under CalSavers. In accordance with federal government regulations, Minden Corporation does not endorse CalSavers. If you would like tax, investment, or financial advice, you should contact a financial advisor. Minden Corporation is not in a position to provide financial advice.

MINDENCORP.COM CSLB Lic# 863777
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Atención equipo:

Como puede haber escuchado, el estado de California ha aprobado un programa para ayudar a los empleados a ahorrar para la jubilación: el Programa de ahorros para la jubilación de CalSavers. A través de este programa, podrá aportar una parte de su salario a la cuenta individual de jubilación de Roth que le pertenece. Como se nos exige, Minden Corporation está ahora registrado en CalSavers.

En poco tiempo, recibirá una comunicación informándole sobre la oportunidad de empezar a participar en CalSavers. La comunicación será enviada al correo electrónico o dirección postal que tengamos en nuestros archivos de una empresa llamada Ascensus (correo electrónico: clientservices@calsavers.com), que está trabajando con el estado de California para administrar el programa.

El programa es completamente voluntario para usted pero está configurado como inscripción automática, por lo que si decide no participar, tendrá que seguir las instrucciones en la información que recibirá de CalSavers para darse de baja. Si elige no darse de baja, quedará inscrito en el programa automáticamente y empezaremos a deducir el 5 % de su cheque de pago para remitirlo a su cuenta de CalSavers. Una vez que esté inscrito, puede iniciar sesión en su cuenta en cualquier momento (en calsavers.com) y cambiar el monto de la aportación, opciones de inversión o puede darse de baja, o volver a darse de alta.

Si tiene preguntas sobre el programa, puede visitar www.calsavers.com o llamar al 855-650-6918.

Tenga en cuenta: Minden Corporation no patrocina ni mantiene a CalSavers. La participación de Minden Corporation en CalSavers se limita a procesar sus aportaciones de retención de nómina al programa y remitirlos a CalSavers. No prometemos ningún rendimiento de inversión particular sobre sus ahorros en CalSavers. De acuerdo con las reglamentaciones gubernamentales federales, Minden Corporation no respalda a CalSavers. Si desea asesoramiento fiscal, de inversión o financiero, debería comunicarse con un asesor financiero. Minden Corporation no está en posición de proporcionar asesoramiento financiero.



Employee Name _____

Employee Number _____

Monday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

Tuesday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

Wednesday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

Thursday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

Friday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

Saturday
(date)

Start Time: _____
Finish Time: _____
Total Hours: _____

Lunch / Break
Start _____
Finish _____

Job Number: [Numero de Trabajo] _____
Job Location: _____
Job Client: _____

Work Description Done Today

Form	Pour	CB's	MH's	Headwall	Other
Cleanup	Clean/Patch	Strip	Help Main Crew	Final Work	

Foreman Signature _____

Prevailing Wage:

Employees on Job _____

	Jobs to apply	Reg. Hrs	O. T. Hrs	P.W. Hrs	P.W. O.T.
Office use Only					