WEEKLY TIME REPORT

NDOR- HIGHWAY SAFETY OFFICE
PO Box 94612
Lincoln, Nebraska 68509-4612
(402) 471-2515 FAX (402) 471-3865

Contractor:	Contract Title:	Contract Number:

Name _____ Work Telephone No. (_____)_____

Pay Period _____ 20_____ to _____ 20_____

Date	Duty Hours Begin	Duty Hours End	Regular	Overtime	Holiday	Vacation	Sick Leave	Comp Leave	Other Leave	Total	Description of Activity:
										0	
										0	
										0	
										0	
										0	
										0	
										0	
		Total	0	0	0	0	0	0	0	0	

Employee Signature:	Supervisor Signature:

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Submit original—make copy for your agency.