WEEKLY TIME REPORT

NDOT- 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	***End***	**Regular**	**Overtime**	**Holiday**	**Vacation**	**Sick Leave**	**Comp Leave**	**Other Leave**	**Total**	**Description of Activity:**
	Total										

Employee Signature:	**Supervisor Signature:**

Rev. 8/17

Submit original—make copy for your agency.