

TIME SHEET FOR THE TRADE OF HVAC INSTALLER-SERVICER

HVAC

TYPE OF WORK DONE (By Hours):

Week Ending Week Ending Week Ending Week Ending Week Ending **Month Total**

Please print name legibly!

NAME _____
 EMPLOYER _____
 MONTH _____ YEAR _____

TOTALS

TYPE OF WORK DONE (By Hours):	Week Ending	Week Ending	Week Ending	Week Ending	Week Ending	Month Total
General_Trade_Orientation	_____	_____	_____	_____	_____	_____
Fabrication_System_Components	_____	_____	_____	_____	_____	_____
System_Installation_Connection.....	_____	_____	_____	_____	_____	_____
Equipment_Installation.....	_____	_____	_____	_____	_____	_____
System_Maintenance	_____	_____	_____	_____	_____	_____
Equipment_Repair	_____	_____	_____	_____	_____	_____
Machine_Shop_Practice	_____	_____	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____	_____	_____

Signature of Contractor or Journeyman Supervisor as required by Department of Labor

1st Wk. _____

2nd Wk. _____

3rd Wk. _____

4th Wk. _____

5th Wk. _____



Turn Your Time Sheets In Via:

Fax: 515-282-9117
 Text: 678-453-6119
 Email: phccga@ojttracking.com

PLUMBING-HEATING-COOLING
 CONTRACTORS ASSOCIATION
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