

TIME SHEET FOR THE TRADE OF PLUMBER

PLUMBING

TYPE OF WORK DONE (By Hours):

Week Ending	Week Ending	Week Ending	Week Ending	Week Ending	Month Total
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Please print name legibly!

NAME _____
EMPLOYER _____
MONTH _____ **YEAR** _____

TOTALS

Installation_Soil_Sewers_Vents_Leader Lines.....	_____	_____	_____	_____	_____	_____
Installation_Hot_Cold_Water	_____	_____	_____	_____	_____	_____
Installation_Lead_Tin_Joints_Welding	_____	_____	_____	_____	_____	_____
Assembly_Heating_Fittings_Drainage.....	_____	_____	_____	_____	_____	_____
Maintenance_Repairing	_____	_____	_____	_____	_____	_____
Operation_Tools	_____	_____	_____	_____	_____	_____
Operation_Maintenance_Drain	_____	_____	_____	_____	_____	_____
Code_Blueprint_Safety	_____	_____	_____	_____	_____	_____

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

1st Wk. _____

2nd Wk. _____

3rd Wk. _____

4th Wk. _____

5th Wk. _____



**PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION
OF GEORGIA**

Best People. Best Practices.™

Turn Your Time Sheets In Via:

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