

Reported by: _____

Day 1	Day 2	Day 3	Day 4
Report time: _____	Report time: _____	Report time: _____	Report time: _____
End time: _____	End time: _____	End time: _____	End time: _____
Total Paid Time for day 1: <input type="text"/>	Total Paid Time for day 2: <input type="text"/>	Total Paid Time for day 3: <input type="text"/>	Total Paid Time for day 4: <input type="text"/>

[illegible]