



DAILY LABOR FORCE REPORT

Project Number CPS->Fed Proj CPS->ST Proj Mon 10/2/2000
 Project Title 07-176
 Contractor Contractor One
 Subcontractor Missouri Test

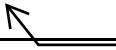
Weather: (Indicate if weather prevented work and why) _____
 enter weather exception _____

Shift: 1st shift

- This report **MUST** be completed and turned in for **EACH DAY** until **FINAL COMPLETION**.

Worker's Full Legal Name	Occupational Title or Classification Group & Skill	Hours Worked & Time (i.e. 10AM - 4PM)
Eight I Employee	Foreperson	8
Eleven C Employee	Laborer, Semi-Skilled	8
Nine A Employee	Laborer-Apprentice 80%	8
Ten B Employee	Laborer-Apprentice 50%	8
Twelve D Employee	Laborer, Semi-Skilled	8

While this is a State specific EEOC Report, if you feel it will meet your needs, we can easily help you to remove the state specific information, making it suitable for your use.



I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE
 Contractor/Subcontractor Representative:

Complete Name: (print) Nancy Smyth, CQA Title: xeP

Signature: _____