



CONSOLIDATED NUCLEAR SECURITY, LLC TIME RECORD OF SUBCONTRACTOR'S EMPLOYEE

Subcontractor Name			BOA/Task Order/Subcontract Number					Week Beginning			
EMPLOYEE NAME	CLASSIFICATION OR TITLE	COMPANY NAME	MON	TUES	WED	THU	FRI	SATI	SUN	OVERTIME HOURS	TOTAL HOURS
			HRS	HRS	HRS	HRS	HRS	HRS			
TOTAL											

*In the event that more than seven employees are represented, additional forms are used. In this instance, please add page numbers to the bottom of the form (i.e., form 1 of 2, 2 of 2, etc.)

CERTIFICATION

I, as authorized representative of the Subcontractor, hereby certify that the hours recorded hereinabove, represent actual direct productive labor hours performed under the terms of the Subcontract.

APPROVAL

Subcontractor's Authorized Representative/Date

Authorized Subcontract Technical Representative/Date

Org

Form _____ of _____