

Suffolk County Department of Labor  
Contractor/Employee Daily Attendance

Prime Contractor: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Project Name/location: \_\_\_\_\_

Person taking attendance: \_\_\_\_\_

- SCDOL
- Contractor/Sub-Contractor Rep

| Name<br>(print clearly) | Title/Job<br>Classification | Time In | Time Out | Prime/Sub<br>Contractor Name |
|-------------------------|-----------------------------|---------|----------|------------------------------|
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