



IATSE Local 835

DAILY TIME SHEET



COMPANY: _____ VENUE: _____ SHOW: _____

STEWARD: _____ DAY: _____ DATE: _____ IN SHOW OUT

Tomorrow

	NAME	LAST 4	STATUS J H NH	Y	N	IN	MEAL	OUT	ST	OT	DT	INITIAL S
1				<input type="checkbox"/>	<input type="checkbox"/>							
2				<input type="checkbox"/>	<input type="checkbox"/>							
3				<input type="checkbox"/>	<input type="checkbox"/>							
4				<input type="checkbox"/>	<input type="checkbox"/>							
5				<input type="checkbox"/>	<input type="checkbox"/>							
6				<input type="checkbox"/>	<input type="checkbox"/>							
7				<input type="checkbox"/>	<input type="checkbox"/>							
8				<input type="checkbox"/>	<input type="checkbox"/>							
9				<input type="checkbox"/>	<input type="checkbox"/>							
10				<input type="checkbox"/>	<input type="checkbox"/>							
11				<input type="checkbox"/>	<input type="checkbox"/>							
12				<input type="checkbox"/>	<input type="checkbox"/>							
13				<input type="checkbox"/>	<input type="checkbox"/>							
14				<input type="checkbox"/>	<input type="checkbox"/>							
15				<input type="checkbox"/>	<input type="checkbox"/>							
16				<input type="checkbox"/>	<input type="checkbox"/>							
17				<input type="checkbox"/>	<input type="checkbox"/>							
18				<input type="checkbox"/>	<input type="checkbox"/>							
19				<input type="checkbox"/>	<input type="checkbox"/>							
20				<input type="checkbox"/>	<input type="checkbox"/>							
21				<input type="checkbox"/>	<input type="checkbox"/>							
22				<input type="checkbox"/>	<input type="checkbox"/>							
23				<input type="checkbox"/>	<input type="checkbox"/>							
24				<input type="checkbox"/>	<input type="checkbox"/>							
25				<input type="checkbox"/>	<input type="checkbox"/>							

PREPARED BY: _____ APPROVED BY: _____