



DAILY SIGN-OUT LOG

New York City
School Construction Authority

PAGE ___ OF ___ (i)

NAME OF SUPERVISOR OF LISTED EMPLOYEES (PRINT) (ii)

FIRM <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR (A)					ADDRESS (B)			
DAY OF WEEK (Monday, Tuesday, etc.) (C)		TODAY'S DATE (D)		PROJECT AND LOCATION (E)		SCA PROJECT NO. (F)	SCA CONTRACT NUMBER (G)	
1 PRINT EMPLOYEE'S NAME AND SOCIAL SECURITY NUMBER	2 LIST TRADE & CIRCLE WORK CLASSIFICATION (JOURNEY PERSON OR APPRENTICE CLASS 1, 2, 3+)	3 BASE WAGE RATE PER HOUR	4 SUPPLE- MENTAL BENEFIT RATE PER HOUR	5 UNION LOCAL # AFFILIATION (IF ANY) OR "NONE"	6 STARTING TIME (To be completed by ABOVE named SUPERVISOR, as soon as each employee STARTS WORK each day)	7 QUITTING TIME	8 TOTAL HOURS WORKED (EXCLUDING MEALS)	9 EMPLOYEE'S SIGNATURE ➤ DO NOT SIGN this form if there are any blank boxes on your line. ALL ENTRIES on your line must be CORRECT and must be completed by photocopy, or IN INK! <
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	
	J A1 A2 A3+	\$	\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	HRS	

NOTE: This form may be partially completed in advance > It is unlawful to make false entries on this document. <

QUESTIONS ? WAGE COMPLAINTS ?

and photocopied, leaving boxes "C" and "D" and (iii) I _____ hereby certify
columns 6 through 9 blank. **Columns 6 through 9** that the information in this form is complete and correct.

**Call SCA's PREVAILING WAGE
"HOTLINE" at (718) 472 - 8100**

must be completed IN INK for each daily submission

This form **must be signed and dated** by an officer of _____

the firm after it has been signed by the employees. Officer's Signature Date