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| | | | | | tal Daily | Hours and | Activities | | | | - | | |
| | CDOT Program: | | Program | CDOT Program: | | Program | CDOT Program: | | Program | CDOT Program: | | Program | Brief Description of Work Done |
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My Signature attests to the accuracy of the activity listed above. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (US Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812

Employee Signature: _____ Date: _____

- 1 Enter the employee Name
- 2. Enter the Month covered. It is important that the Month listed matches the dates entered in Colum
- 3. Enter description for ONLY OTHER designation of the CDOT Activities
- 4. The sheet will total the hours and will sum the entire month's hours to balance to pay stub for emplo
- 5. Employee must sign and date supervisor must sign as well. This is a legal document of time workec

 $\ensuremath{\mathtt{J}}$ on Federally funded activities the signatures are REQUIRED and MUST be the employee's