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| **DAILY LABOR REPORT for Term Service Contracts** | Project No. |  |
| NOTE: Read *Instructions for Consultant Term Service Contract Payment Submissions* prior to completing this form. Submit this original to the Client Agency Facility Representative for signature, and forward with appropriate payment application materials to: OGS Design and Construction, Division of Design, 31st Floor, Corning Tower, GNARESP, Albany, NY 12242. See distribution below. |
| Contractor Name: | Facility: | Work Date: |
| Daily Scope of Work Accomplished: (*Premium Time Requires Prior OGS Approval)* |
|  |
| Item No. | Soc. Sec. No.*(Last Four Digits)* | Name | Labor Classification | Time Worked **(ON SITE ONLY)** | Hours |
|  |  |  |  | In | Lunch Out | Lunch In | Out | Straight | Premium |
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| **CONTRACTOR** | **CLIENT AGENCY FACILITY REPRESENTATIVE** |
| Comments: | Comments: |
| **On-Site Certification**I certify this is an accurate statement of labor used on this day. | **Certification**I certify that the comments I have entered are based on my observation of the work. The comments indicate my agreement or observed differences with the contractor’s submittal. |
| Signature | Date *(required)* | Signature | Date*(required)* |
| Printed Name |  | Printed Name | Phone No. |
| Distribution: Original: Design and Construction Copies: Client Agency Facility Representative (1) Contractor (1) | Page |  | of |  |