

**CONTRACTOR'S CLEARING HOUSE, INC.**  
*dba Coastal Employment Services*

EMPLOYEE  
 NAME: \_\_\_\_\_  
 RATE OF PAY: \$ \_\_\_\_ . \_\_\_\_ PER HOUR  
 CLIENT \_\_\_\_\_

P.O. Box 77  
 Lincoln City, OR 97367  
 Phone: (541) 996-2800  
 Fax: (541) 994-7129

DATE MO/DAY/YR	JOB SITE LOCATION	TYPE OF WORK DONE	STRAIGHT HOURS	OVERTIME HOURS
S / /				
M / /				
T / /				
W / /				
T / /				
F / /				
S / /				
EMPLOYEE SIGNATURE _____			TOTAL	TOTAL
CLIENT SIGNATURE _____				

*\*My signature above verifies that I have not been injured (or have already reported the injury to my supervisor) during the hours denoted on this card, nor have I witnessed a co-worker's injury (or have already reported my statement of witness to my supervisor).*