CALTRANS PAROLEE WORK CREW PROGRAM
WEEKLY TIME RECORD

For Week Ending: _____ **Date:** _____

Crew Supervisor: _____ **Van Identifier:** _____

Monday Jobsite: _____

Tuesday Jobsite: _____

Wednesday Jobsite: _____

Thursday Jobsite: _____

Friday Jobsite: _____

Print Crew Member Name	CDCR #	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Hours Total	Crew Member Signature

	M	T	W	TH	FRI	TOT
Total Hours						
Crew Size						
Bag Count						

Crew Supervisor Signature: _____ **Date:** _____