

PROJECT TIME TRACKING LOG

FORM_ID: ADM-2024

Project Name: _____
Project Manager: _____
Department: _____
Reporting Period: _____

DATE	ACTIVITY / TASK DESCRIPTION	START / END	HOURS	STATUS
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DATE	ACTIVITY / TASK DESCRIPTION	START / END	HOURS	STATUS
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TOTAL HOURS

Employee Signature: _____

Supervisor Approval: _____

Date: _____