



**Motor Carrier Attachment –  
Driver's Time Records**

**Decatur, Tennessee**

**HWY21FH001**

(3 pages)



SERVICE ELECTRIC Company  
 PO Box 3656  
 1631 East 25<sup>th</sup> Street  
 Chattanooga, Tennessee 37404  
 (423)265-3161

Project Name: EQLCO15999  
 Project Location: \_\_\_\_\_  
 Certified (Y/N): \_\_\_\_\_

Wk Ending Date: 11/1/2020  
 LOCAL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

EMPLOYEE	CLASS		M	T	W	T	F	S	S	RAIN	HOL	VAC	SICK	TOTAL	Per Diem
[REDACTED]	ST		12	12									20	44	
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														

TTL Per Diem: \$0.00

EQUIPMENT TYPE	NO.	M	T	W	T	F	S	S	X	X	X	X	TOTAL	ST	OT	DT	EQ
									X	X	X	X		44	0	0	0
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					
									X	X	X	X					

ADDITIONAL NOTES: \_\_\_\_\_

Customer Approval (if required)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_

Service Electric Company: Approver  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_



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 1631 East 25<sup>th</sup> Street  
 Chattanooga, Tennessee 37404  
 (423)265-3161

Project Name: EQLCO15999  
 Project Location: \_\_\_\_\_  
 Certified (Y/N): \_\_\_\_\_

Wk Ending Date: 10/26/2020  
 LOCAL: \_\_\_\_\_  
 Job Number: \_\_\_\_\_

EMPLOYEE	CLASS		M	T	W	T	F	S	S	RAIN	HOL	VAC	SICK	TOTAL	Per Diem
[REDACTED]	ST		11.5	12	11.75	4.75								40	
	OT					6.75	9							15.75	
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
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	ST														
	OT														
	DT														
	ST														
	OT														
	DT														
	ST														
	OT														
	DT														

TTL Per Diem: \$0.00

EQUIPMENT TYPE	NO.	M	T	W	T	F	S	S	X	X	X	X	TOTAL	
									X	X	X	X		ST 40
									X	X	X	X		OT 15.8
									X	X	X	X		DT 0
									X	X	X	X		EQ 0
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		
									X	X	X	X		

ADDITIONAL NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_

Customer Approval (if required)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_

Service Electric Company: Approver  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_