

TIMESHEET ENTRY

Employee Name: \_\_\_\_\_

When a MANCON employee misses time from work on the date of injury due to medical attention and/or a drug screen or after the date of injury due to a drug screen, complete the following applicable tables.

Medical Attention and/or Drug Screen Performed on the Date of Injury

Date of Incident (DOI) : _____	Enter the Time for each line
Work Start Time on DOI	
Time Employee Left the Worksite for the Medical Attention and/or Drug Screen	
Time the Employee Returned to Worksite after Medical Attention and/or Drug Screen	
Time Employee Left Work Site at the end of the Shift	
Other: _____	

Drug Screen Performed on any other date EXCEPT the Date of Injury

Date of Drug Screen: _____	Enter the Time for each line
Work Start Time on date of drug screen	
Time Employee Left the Worksite for the Drug Screen	
Time the Employee Returned to Worksite after the Drug Screen	
Time Employee Left Work Site at the end of the Shift	
Other: _____	

If you have any questions regarding the above information, please contact your MANCON Supervisor/Manager before the end of the applicable pay period to reduce delays in payment for applicable time missed.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date