

CONSOLIDATED NUCLEAR SECURITY, LLC TIME RECORD OF SUBCONTRACTOR'S EMPLOYEE

| Subcontractor Name | | | Subcontract Number | | | | | Week Beginning | | | |
|--------------------|----------------------------|-----------------|--------------------|-----|-----|-----|-----|----------------|-----|-------------------|----------------|
| EMPLOYEE NAME | CLASSIFICATION OR TITLE | COMPANY NAME | SUN | MON | TUE | WED | THU | FRI | SAT | OVERTIME HOURS | TOTAL HOURS |
| | | | HRS | HRS | HRS | HRS | HRS | HRS | | | |
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| TOTAL | | | | | | | | | | | |

CERTIFICATION

I, as authorized representative of the Subcontractor, hereby certify that the hours recorded hereinabove, represent actual direct productive labor hours performed under the terms of the Subcontract.

APPROVAL

Subcontractor's Authorized Representative

Authorized Subcontract Technical Representative

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