

# WHEELING & LAKE ERIE RAILWAY COMPANY

## NON-SERVICE TIMESLIP

Employee Name: \_\_\_\_\_ Employee No: \_\_\_\_\_ For Pay Period Week Ending \_\_\_\_\_

Extra Board and Date: \_\_\_\_\_

DAY AND DATE	1 O C C U P A T I O N	2 HRS. OFF DUTY	3 ON DUTY TIME	4 OFF DUTY TIME	5 COST CENTER	HOURS OF SERVICE (SEE TABLE A)				10 (SEE TABLE A) D/H FROM ASSIGN	11 TOTAL		12 V H O	13 AUTO MILES (SEE TABLE B)	14 OTHER CREW MEMBER	15 REMARKS
						6 TRAIN SYMBOL	7 D/H TO ASSIGN	8 ST TIME	9 OVER TIME		9 TOTAL HR SV	ST HR		OT HR		
SAT. DATE																
SUN. DATE																
MON. DATE																
TUES. DATE																
WED. DATE																
THURS. DATE																
FRI. DATE																
WEEKLY TOTAL																

I CERTIFY THAT THIS TIME SLIP IS A TRUE STATEMENT (Signed) \_\_\_\_\_

CHECKED BY SUPERVISOR (Signed) \_\_\_\_\_