MONTHLY CONTRACTOR FLAGGING REPORT	**CITY OF AUBURN**

Project:_____ Project No. _____ For the Month of:_____ 20___
Contractor/Subcontractor: _____

LABOR FOR TRAFFIC CONTROL HOURS WORKED

Flaggers Name:	Cert?	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
TOTAL																																
Contractor's Rep																																
Owner's Rep																																

Remarks:

_____

_____

_____

_____ Inspector: _____

FLAGGER REPORT
REF. H:\FORMS\FC093