



**HGC CONSTRUCTION CO.  
VPP PROGRAM  
SUBCONTRACTOR MONTHLY HOURS WORKED PER PROJECT**

**MONTH REPORTING: \_\_\_\_\_, 20\_\_\_\_**

<b>SUBCONTRACTOR NAME:</b>	
<b>PROJECT NAME:</b>	
<b>HOURS WORKED ON-SITE:</b>	
<b>SUBCONTRACTOR INJURIES ONSTIE? If yes- enter the number and classification (Recordable, LT, etc.)</b>	

**SUBMITTED BY (please print full name): \_\_\_\_\_**

**\* Failure to submit this form with pay requests will result in a delay of payment \***

