

**LOCAL PUBLIC AGENCY:
ASSESSMENT REPORT OF WORKING DAYS**

Date: _____

Project No: _____

County: _____

PERIOD _____ TO _____

Month	1 _____	17 _____
	2 _____	18 _____
	3 _____	19 _____
	4 _____	20 _____
	5 _____	21 _____
	6 _____	22 _____
	7 _____	23 _____
	8 _____	24 _____
	9 _____	25 _____
	10 _____	26 _____
	11 _____	27 _____
	12 _____	28 _____
	13 _____	29 _____
	14 _____	30 _____
	15 _____	31 _____
	16 _____	

TOTAL WORKING DAYS ASSESSED DURING THIS PERIOD	_____	0.0
TOTAL WORKING DAYS PREVIOUSLY ASSESSED	_____	
TOTAL WORKING DAYS ASSESSED	_____	0.0
TOTAL WORKING DAYS ALLOWED	_____	
PERCENT COMPLETE	_____	%

Project Engineer

Original: Contractor
Copies: Project File
LPA Official
District LPA Coordinator

FOR CONTRACTOR USE

Contractor's Signature

I ___ Agree / ___ Disagree with the working days assessed during this period. If disagree is marked, please provide a written explanation.

The Contractor shall sign, mark appropriate box above, and return the original to the Project Engineer with a copy to MDOT LPA Division, Post Office Box 1850, Jackson, MS 39215-7220.