

Drop-down List	<input type="text"/>	No value	<input type="text"/>	Postal Code	<input type="text"/>
----------------	----------------------	----------	----------------------	-------------	----------------------

Subform - positioned

Subform - flowed

OT Code	<input type="text"/>	Text Field	<input type="text"/>	Required Field	<input type="text"/>
---------	----------------------	------------	----------------------	----------------	----------------------

Subform - positioned

Subform - flowed

Insert	Remove	Date Start	Date End	OT Code	hrs 1.5 time	hrs double time	COMMENTS

Text Field

Text Field