

# Weekly Timesheet 2020

Week ending Sunday: ...../...../.....

Company: .....

Site Address: .....



NAME: .....		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME: .....	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	
	TOTAL								=
SITE MANAGER SIGNATURE									

NAME: .....		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME: .....	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	
	TOTAL								=
SITE MANAGER SIGNATURE									

NAME: .....		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME: .....	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	
	TOTAL								=
SITE MANAGER SIGNATURE									

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SURNAME: .....	START	:	:	:	:	:	:	:	
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	TOTAL								=
SITE MANAGER SIGNATURE									

NAME: .....		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
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	TOTAL								=
SITE MANAGER SIGNATURE									

I CERTIFY THAT THE HOURS ABOVE ARE CORRECT AND THAT THE WORK HAS BEEN COMPLETED TO A SATISFACTORY STANDARD.

Site Manager: ..... Site Manager Signature: ..... Date: .....