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# Time Sheet

Name ..... Job ..... WC Date .....

Company Name ..... Address .....

Contact .....



DAY	START TIME	FINISH TIME	BREAKS	BASIC HOURS	O/T1	O/T2
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						
<b>TOTAL</b>						

We certify that the hours shown on this time sheet have been worked to our satisfaction.  
 We agree to be bound by the terms and conditions of business.

Signature ..... Position .....  
 Name ..... Date .....

**IMPORTANT - All time sheets MUST  
 be handed in by midday on MONDAY**