



Weekly Timesheet

Week Ending:
 Employee:
 Branch Email:

Customer:
 Job Location:
 Supervisor:

Shift: Day Night Other

	DATE	JOB DESCRIPTION	START	BREAK	FINISH	TOTAL HOURS
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
	SUNDAY					
			TOTAL HOURS WORKED:			

WORK TIMES

OFFICE USE ONLY

To ensure timely payment of all worked hours, please ensure all timesheets are sent to branch by Sunday 10am. Failure to do so may result in late or non-payment

(Please ensure you only detail worked hours & clearly highlight any days of holiday or absences using H/A)

Authorisation

Signed: _____

Date: _____

Print Name _____

OVERALL PERFORMANCE OF OUR STAFF THIS WEEK:	EXCELLENT	VERY GOOD	ACCEPTABLE	BELOW ACCEPTABLE	POOR
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THE LEVEL OF SERVICE RECEIVED FROM OUR EMPLOYEES:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>