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53 Ullswater Crescent
 Coulsdon
 Surrey
 CR5 2HR

Name: _____ Site Ref/Job No.(if known): _____

Site Name: _____ Week-ending date (Saturday): _____

STAFF TIMESHEET

Description/Location of works	Job No.	SUN	MON	TUES	WED	THU	FRI	SAT	TOTAL
Day Shift									
Night Shift									
Overtime Days									
Overtime Nights									
TOTAL HOURS									

I confirm on behalf of _____ that the above hours are correct for the worker named above.

Total hours authorised in words _____

Name _____ Position _____

Signed _____ Date _____

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