

TIMESHEET FOR SITE BASED CONTRACTORS to be submitted to TEK by 09:30 Monday mornings

Surname : _____ Client & Work Location _____ week ending : Saturday _____

First Name : _____ Telephone No. _____

Day/Location	Time on Site	Time Taken for Lunch	Time Left Site	Total Basic Hours	Overtime Hours at Time and Half	Overtime Hours at Double Time
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Contractors Signature _____

Comments : _____

Line Manager Signature _____

Print Name : _____

Contact number _____

for office use only
