

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

Surname : _____ Client & Work Location _____

First Name: _____

Week ending : Saturday _____ Telephone No. _____

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

Contractors Signature _____

Comments : _____

Line Manager Signature _____

Print Name : _____

Contact number _____