

GOPRO LABOUR

Time Sheet

Name:

Week Ending :

Site :

Classification:

DAY & DATE	START	FINISH	Job Name or N ^o	SUPERVISOR	DAY & DATE	START	FINISH	Job Name or N ^o	EMPLOYEE SIGN	SUPERVISOR
MONDAY ___/___/___					MONDAY ___/___/___					
TUESDAY ___/___/___					TUESDAY ___/___/___					
WEDNESDAY ___/___/___					WEDNESDAY ___/___/___					
THURSDAY ___/___/___					THURSDAY ___/___/___					
FRIDAY ___/___/___					FRIDAY ___/___/___					
SATURDAY ___/___/___					SATURDAY ___/___/___					
SUNDAY ___/___/___					SUNDAY ___/___/___					

Note: By signing off above you are confirming your time sheet is a true and correct record of the times in which you worked. Falsely completed Time Sheets will not be accepted and may result in disciplinary action.