GOPRO LABOUR Time Sheet

Name: Week Ending:

Site: Classification:

DAY & DATE	CTADT	FINICLI	Jah Nama an NO	CLIPED (ICOD	DAY & DATE	CTART	EINIICH	Joh Nomes on NO	ENABLOVEE SIGN	CLIDED (ICOD
DAY & DATE	START	FINISH	Job Name or №	SUPERVISOR	DAY & DATE	START	FINISH	Job Name or №	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 mayu result in disciplinary action.

GOPRO LABOUR