

CUST ORDER No. _____

TS

Company: _____

Site Address: _____ Week ending Sunday: ____/____/____

NAME:		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME:	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	=
	TOTAL								

NAME:		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME:	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	=
	TOTAL								

NAME:		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
SURNAME:	START	:	:	:	:	:	:	:	
	Unpaid break (mins)								
QUALITY OF STAFF: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	FINISH	:	:	:	:	:	:	:	=
	TOTAL								

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	TOTAL								

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	TOTAL								

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	TOTAL								

I CERTIFY THAT THE HOURS ABOVE ARE CORRECT AND THAT THE WORK HAS BEEN COMPLETED TO A SATISFACTORY STANDARD.

Site Manager Name: _____ Site Manager Signature: _____ Date: _____