



Contractor Name: _____

Client Name: _____

HOURS WORKED

	W/C:	W/C:	W/C:	W/C:	W/C:
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Weekly Hours worked					

Total Hours Worked: _____

Contractor Signature: _____ Date: _____

Line Manager Signature: _____ Date: _____

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