

Site: _____

Week Commencing: _____

Payroll Week No _____/4



Scheduled Cleaning		Date	/	/	/	/	/	/	/		
Employee's Full Name	Employee No.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Comments	
									Total Hours		

Cover Cleaning										
Employee's Full Name	Employee No.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
									Total Cover Hours	

I CONFIRM THESE HOURS ARE ACCURATE AND HAVE BEEN COMPLETED BY THE OPERATIVES

Manager Name: _____

Manager Signature: _____

Date: _____

Key	AA	Authorised Absence
H	UA	Unauthorised Absence
LS	SA	Sickness Absence

COMPLETED TIMESHEETS MUST BE SIGNED AND SENT TO HEAD OFFICE EVERY MONDAY BEFORE 9AM
FAX: 01322 625 669 EMAIL: timesheets@aimcleaning.co.uk