

Name			Signature			Trade		Supervisor`s Name	
WEEK ENDING			Client			Location		Supervisor`s Signature	
Day	Month	Year							
Day	Time On	Time Off	Time On	Time Off	Total Hours <i>Day Shift</i>	Total Hours <i>Night Shift</i>	Remarks		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
<b>TOTAL HOURS</b>									

**Completed timesheets should be faxed back to Bostonair no later than 10.00 am on Tuesday**