



Weekly Worksheet

The sheet must cover only include Monday to Sunday of each calendar week and be signed by each worker at the end of their shift and by the site supervisor at the end of the week. Please send the completed sheet to admin@gridgroup.com.au each Monday morning.

Site Name: _____ Location: _____

Client: _____ Scope of Work: _____

Date	Name	Start Time	End Time	Total Hours	Signature

Weekly Total Hours: _____ Approved by Name: _____

Purchase Order No: _____ Approved by Signature: _____