

ComFact Weekly Timesheet

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Week	Day	Month	Yr.	Site Location:
Ending				

I have Met daily with my Comfact supervisor and ensured that I have all of my safety equipment, and my safety certificates are up to date

Name

Company Name

Day	Date	Number of Hours	Overtime	TOTAL	Work Performed
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL					

ComFact Employee Signature

Client Foreman/Supervisor Name

Notes to Office: