



# Feuille de Présence ComFact ComFact Weekly Timesheet

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Week Semaine	Day Jour	Month Mois	Yr. Année	<b>Site Location: <i>(please complete)</i></b> Adresse du chantier/site
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.

I understand that I am to take direction only from my ComFact supervisor and that I may refuse unsafe work.

ComFact Employee Name/Nom

Contractor Name/Client

Jour Day	Date	Number of Hours	OVERTIME	TOTAL	Travail Effectué Work Performed
Dimanche Sunday					
Lundi Monday					
Mardi Tuesday					
Mercredi Wednesday					
Jeudi Thursday					
Vendredi Friday					
Samedi Saturday					
<b>TOTAL</b>					WRITE IN TOTAL HOURS WORKED Nombre d'heures travaillées en total

ComFact Employee Signature

Nom du contremaître/superviseur de ComFact  
ComFact Foreman/ Supervisor Name **(print)**

Note to Office:

Contractor Acceptance of Hours  
Contractor Rep Name **(print)**

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**(Client Signature)**