

Email: timesheets@skillsondemand.com Fax: 1-855-329-7545

Week	Day	Month	Yr.	Site Location: <u>(please complete)</u>
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

Contractor Name

Day	Date	Number of Hours	OVERTIME	TOTAL	Work Performed
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL					WRITE IN TOTAL HOURS WORKED

ComFact Employee Signature

ComFact Foreman/ Supervisor Name **(print)**

ComFact Foreman/ Supervisor Signature

Note to Office:

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

(Client Signature)