



## TIME SHEET

# 113, 3825 34th Street NE  
 Calgary, Alberta T1Y 6Z8  
 Beside Whitehorn Station LRT Station  
 Phone: (403) 301-0260  
 Fax: (403) 291-0854

# 200 8749 53 Ave NW  
 Edmonton, AB T6E 5E9  
 Phone: (780) 454-9800  
 Fax: (780) 454-1490

Date	Time In	Meal Break	Time Out	Hours Worked	Overtime Hours	Client OT Approval
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
Total Hours To Nearest 1/4 Hours						

Customer Name	Location
Employee Name	
Date	CUST. REF#

I certify that the hours shown represent my total hours worked and are correct, and that they were verified by the customer or by authorized representative. I also certify that I performed no duties which I have not read the hazards for in AHH manual or was made aware of.

**EMPLOYEE'S SIGNATURE**

I certify that the hours shown above are correct, and that the employee performed satisfactory.

***I agree to terms and conditions on the reverse side.***

SIGNATURE OF AUTHORIZED CUSTOMER ONLY

- DOES EVERYONE ON THE WORKSITE WEAR APPROPRIATE PPE?
- WERE HAZARDS COMMUNICATED TO YOU BY A HELPING HAND?
- DID YOU PERFORM ANY WORK THAT YOU WERE NOT TRAINED TO PERFORM?
- WAS THERE ANY INCIDENTS OR NEAR MISSES WE SHOULD KNOW ABOUT?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |

APPT# \_\_\_\_\_ P.O.# \_\_\_\_\_

CARRIER: \_\_\_\_\_ TRAILER# \_\_\_\_\_

PIECE COUNT \_\_\_\_\_

DAMAGED GOODS \_\_\_\_\_  YES  NO

DO YOU NEED THE WORKER(S) TO RETURN?  YES  NO

DATE \_\_\_\_\_

NO. OF WORKERS \_\_\_\_\_

TIME NEEDED \_\_\_\_\_