

Name: \_\_\_\_\_

Date of Sheet Start (DD/MM/YYYY): \_\_\_\_\_

Day of Week One	Date of Day (DD/MM)	Shift Start	Shift End	Total Shift	Circle Check Initial*	Competence Initial**	Initial Verify Shift is Correct
<b>Sunday</b>		AM	AM				
		PM	PM				
<b>Monday</b>		AM	AM				
		PM	PM				
<b>Tuesday</b>		AM	AM				
		PM	PM				
<b>Wednesday</b>		AM	AM				
		PM	PM				
<b>Thursday</b>		AM	AM				
		PM	PM				
<b>Friday</b>		AM	AM				
		PM	PM				
<b>Saturday</b>		AM	AM				
		PM	PM				

Timesheet to be submitted WEEKLY to [timesheet@ecocareltd.com](mailto:timesheet@ecocareltd.com)

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		PM	PM				
<b>Monday</b>		AM	AM				
		PM	PM				
<b>Tuesday</b>		AM	AM				
		PM	PM				
<b>Wednesday</b>		AM	AM				
		PM	PM				
<b>Thursday</b>		AM	AM				
		PM	PM				
<b>Friday</b>		AM	AM				
		PM	PM				
<b>Saturday</b>		AM	AM				
		PM	PM				

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**Please Note: One 30 min unpaid break MUST be taken within the first 5 hours of a shift, and another if shift to exceed 10 hrs.**

**Example: If you work 9.5 hrs, you are required to take 1x 30 min unpaid break. If you work 10 hrs you are required to take a second 30 min unpaid break.**

\*Circle Check Initial: By initial in the space provided, the employee confirms he/she will complete a proper circle check as per the Ecocare Ltd. policies/procedures prior to operating any Ecocare Ltd. equipment and will notify a supervisor immediately if the equipment has any issues or damages.

\*\*Competence Initial: By initialing in the space provided, the employee confirms he/she has been provided proper risk assessment and training specific to the tasks requested and feel competent completing tasks.

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