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www.metadax.nl

Employee: _____
Employee Nr: _____
Client name: _____
Week/year: _____

Timesheet V2.0

DAY	Hrs.	Projects/ Description/ Comments	Holiday
MONDAY			<input type="checkbox"/>
TUESDAY			<input type="checkbox"/>
WEDNESDAY			<input type="checkbox"/>
THURSDAY			<input type="checkbox"/>
FRIDAY			<input type="checkbox"/>
SATURDAY			<input type="checkbox"/>
SUNDAY			<input type="checkbox"/>
TOTAL			

Remarks: _____
Project nr: _____

No. of days worked (excl. SA/SU) : _____

Employee signature: _____
Date: _____

Client Signature _____
Date: _____