SIGTECHRAIL

LABOUR ALLOCATION SHEET

When complete send to **SigTech.Timesheets@SigTechRail.co.uk**

MF024
Version 1.2
19/02/2020

CLIENT:	PROJECT TITLE:	WEEK ENDING:	CLIENTS PO No:
CLIENT ISSUING DEPOT:	WORK LOCATION:	WEEK No:	SIGTECH JCN:
CLIENT CONTACT:	***TO ENSURE PROMPT PAYMENT THE PURCHASE ORDER NUMBER MUST BE RECORDED.*** ***ACTUAL ON SITE WORKING TIMES ONLY MUST BE RECORDED.***		

SIGTECH OFFICE:	01303 764344		**Sat**		**Sun**		**Mon**		**Tue**		**Wed**		**Thu**		**Fri**	
SIGTECH WEB:	https://www.sigtechrail.co.uk	*Insert Date(s)--->*														
ITEM	NAME	GRADE	START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH
30 MINUTES MEAL BREAK TAKEN (Circle as appropriate) Mandatory Requirement			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

CLIENT CONFIRMATION ON SITE BRIEFINGS UNDERTAKEN

Rule Book Requirements
I certify that the above persons have been briefed in accordance with the relevant sections of the Modular Rule Book and A Safe System of Work Briefing and the relevant Health,Safety and Welfare arrangements have been briefed.

PRINT NAME: SIGNED: DATE:

RECORD OF HOURS ON SITE

SIGTECH RAIL CONFIRMATION (Team Leader / Senior Person)	**CLIENT CONFIRMATION**
PRINT NAME:	PRINT NAME:
SIGNED:	SIGNED:
POSITION:	POSITION:
DATE:	DATE:

ITEM	**NOTES / ACTIVITY / DESCRIPTION**

WHITE - CUSTOMER SITE COPY | **YELLOW - OFFICE COPY**