

# EMPLOYEE TIME SHEET

WERKSTAAT - ARBEITSZEITAUFZEICHNUNG

Company: \_\_\_\_\_

Employee: \_\_\_\_\_

Name of the ship: \_\_\_\_\_



| Weeknr. | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Signature company | Signature employee |
|---------|--------|---------|-----------|----------|--------|----------|--------|-------------------|--------------------|
|         |        |         |           |          |        |          |        |                   |                    |
|         |        |         |           |          |        |          |        |                   |                    |
|         |        |         |           |          |        |          |        |                   |                    |
|         |        |         |           |          |        |          |        |                   |                    |
|         |        |         |           |          |        |          |        |                   |                    |

Location on board: \_\_\_\_\_

Time: \_\_\_\_\_

Location leaving ship: \_\_\_\_\_

Time: \_\_\_\_\_

**Please return this form every week on Monday before 17.00h by email to [info@quovadiscrewing.com](mailto:info@quovadiscrewing.com).**

**Or by WhatsApp to +31 6 15285663.**

With signature of the company and employee.

Thanks in advance for your cooperation.