



TIME SHEET: Fax: +46 910 284 552 E-mail: ar@issab.se	YEAR:	WEEK:
	First name	Last name

ISSAB NUMBER: _____

<u>Attendance</u>					<u>Whence</u>	<u>Whence</u>		<u>Whence</u>	<u>Whence</u>	<u>Whence</u>				<u>Absenteeism</u>	
Project number	Site	Day	Date	Hours worked	o-time addons mon-thu	o-time addons fri-sun		INCO 1 16:30-22:30	INCO 2 22:30-06:30	INCO 3 22:30-22:30	Subsis Sweden	Subsis abroad	Time	Hours	Cause Sick, doctor, etc.
		Mon													
		Tue													
		Wed													
		Thu													
		Fri													
		Sat													
		Sun													

S:a

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S:a

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<u>Establishment/Trips/Outlays</u>						
On/off date of establishment	Day	Travel time	Kilometer	Travel cost grants only kilometer	Travel site accommodation only kilometer	Utlay of receipt
	Mon					
	Tue					
	Wed					
	Thu					
	Fri					
	Sat					
	Sun					

Corroborate:

Shift leader	Sign.	Date
Ex. Adm. Dep.	Sign.	Date

← Time sheets shall be submitted to supervisors for approval latest monday at 10:00 am every week, for the previous week.
 ← By admin. department notarized time task = clear for recording the payroll system.