

# WEEKLY SHEET

1. DRIVER'S NAME

2. PERIOD COVERED BY SHEET

WEEK COMMENCING (DATE) \_\_\_\_\_

TO WEEK ENDING (DATE) \_\_\_\_\_

DAY ON WHICH DUTY COMMENCED	REGISTRATION No. OF VEHICLE(S) 3	PLACE WHERE VEHICLE(S) BASED 4	TIME OF GOING ON DUTY 5	TIME OF GOING OFF DUTY 6	TIME SPENT DRIVING 7	TIME SPENT ON DUTY 8	SIGNATURE OF DRIVER 9
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

10. CERTIFICATION BY EMPLOYER

I HAVE EXAMINED THE ENTRIES IN THIS SHEET

SIGNATURE \_\_\_\_\_

POSITION HELD \_\_\_\_\_