



P.O. BOX 771
 MOUNT AIRY, MD 21771
 FAX: 301-703-4081

EMPLOYEE:

CLIENT NAME:

CLIENT APPROVAL: _____ DATE

EMPLOYEE SIGNATURE: _____ DATE

DATE	DAY	IN	OUT	LUNCH	REG / OT	TOTAL
	MON				/	
	TUE				/	
	WED				/	
	THU				/	
	FRI				/	
	SAT				/	
	SUN				/	
				TOTALS	/	



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