**Semana de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Nombre Del Empleado | Lunes | | Martes | | Miercoles | | Jueves | | Viernes | |
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Certifico que las horas anteriores que se muestran aquí representan con precisión las horas que trabajé durante este período de pago.

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Firma del empleado Fecha