Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| NAME OF  EMPLOYEE | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
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I certify that the above hours shown here accurately represent the hours worked during this pay period.

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Supervisor Signature Date