

Employee Name		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total	Signature
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
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	In									
	Lunch									
	Out									
	Total									
	In									
	Lunch									
	Out									
	Total									

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

Must be emailed by:  
Monday at 9:00 am