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WEEKLY TIME SHEET

NAME OF EMPLOYEE \_\_\_\_\_ FOR WEEK ENDING \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ EXEMPTIONS \_\_\_\_\_

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		OFFICE USE ONLY			
	IN	OUT	IN	OUT	IN	OUT				
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
TOTALS							0			
OVERTIME AUTHORIZATION					SIGNATURE					



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