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EMPLOYEE WEEKLY TIME SHEET

Employee Name:				Employee Signature:					
Pay Period Ending:				ATTACH ALL RECEIPTS FOR WEEK					
Day	Date	Project No. Hours	Location City, State	Project No. Hours	Location City, State	Project No. Hours	Location City, State	Total Hours	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

OTAL HOURS FOR PAY PERIOD:	
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