

EMPLOYEE NAME: _____

CLIENT FACILITY: _____

Date	Weekday	Supervisor Signature	Time In	Lunch	Time Out	Total Hours	Notes
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						

I certify no accident or injury was sustained while working on assignment unless so noted in the notes section. I hereby certify that the information stated above is accurate to the best of my knowledge. I understand that any falsification of the above information may result in disciplinary action and may be cause for dismissal.

Signature _____ Date _____

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