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MULTIPLE TIME SHEET
 Top Copy - Phoenix
 Second Copy - Customer Copy

Branch
Order No.
Sunday Week Ending

Customer's Signature	Title
Company's Name	
Division Department	
City	State

Name: Print 1st Name, M.I., Last Name	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		TOTAL	
	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.
1.	IN															
	Lunch Out															
	Lunch In															
	OUT															
2.	IN															
	Lunch Out															
	Lunch In															
	OUT															
3.	IN															
	Lunch Out															
	Lunch In															
	OUT															
4.	IN															
	Lunch Out															
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	OUT															
5.	IN															
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6.	IN															
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7.	IN															
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8.	IN															
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9.	IN															
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	OUT															
10.	IN															
	Lunch Out															
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	OUT															
11.	IN															
	Lunch Out															
	Lunch In															
	OUT															
12.	IN															
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