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TIMESHEETS ARE DUE MONDAY BY **12 PM**, FOR PREVIOUS WORK WEEK. TIMESHEETS NOT RECEIVED BY NOON WILL BE PROCESSED THE NEXT WEEK.

Name: _____ Floor Worked: _____

Facility: _____

Shift worked: _____

Charge? Yes or No _____

Date	Start Time	Lunch Y/N	End Time	Total Hours

By signing this timesheet below, I certify that I have worked the documented hours on this timesheet and have sustained no injuries.

Employee Signature _____ Date _____

By signing this timesheet, I certify that the hours reported on this timesheet are accurate and subject to billing.

Facility Signature _____ Date _____

Original: Facility _____ Yellow: Employee _____

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