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## TIMESHEET

Employee Name							
Employee ID							
	completely ac	curate. Please make	any correction	ns necessa			te before signing. I hereby ε
acknowledge I have b	oeen provided acknowledge t	all duty-free meal a hat I have not violat	nd rest period ed any Prides	ls to which Staff Finar	I am entitled und cial's policy inclu	er the applicat	signated pay period. I ble federal or state law durin imited to, PrideStaff Financi
Work Week							
OFFICE NO. 101-	PSF	From:			То	o:	
			(Monday)				(Sunday)
MUST BE RE	CEIVED	BY PRIDESTA	AFF FINA	NCIAL	BEFORE 12	:00 P.M. E	ACH MONDAY
	Date	Start Time	Meals		End Time	Total	
			Out	In	Eng Time	Time	
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• • •	oved By						
AUTHORIZED CLIENT SIGNATURE						DATE	
TITLE							
							is hereby certified by eterms and conditions.
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