

**LSI STAFFING** Fax #'s Wichita 316-262-0765 Omaha 402-554-1685 Kansas City 816-842-5088

Customer Name	Customer Dept #/Name	Week/Ending Date
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Supervisor Name/Title	
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		Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Reg Hrs	OT Hrs
		Date	Date	Date	Date	Date	Date	Date	Weekly	Weekly

Print Name	In									
	Out									
Social Security #	Lunch									
	Total									

Print Name	In									
	Out									
Social Security #	Lunch									
	Total									

Print Name	In									
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Social Security #	Lunch									
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Print Name	In									
	Out									
Social Security #	Lunch									
	Total									

Print Name	In									
	Out									
Social Security #	Lunch									
	Total									

<b>MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY</b>	<b>TOTAL HOURS</b>
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PLEASE PRINT NAME (SUPERVISOR)	TITLE	By execution of this form, client certifies that: hours shown are correct; work was done satisfactorily; and client agrees to pay for hours represented on this doc.	Regular	OT
CUSTOMER AUTHORIZED SIGNATURE				