



Remit to: Norcross Branch  
 1835 Shackleford Ct., Suite 175  
 Norcross, GA 30093  
 Telephone (770) 935-0030  
 Fax (770) 935-9131

COMPANY \_\_\_\_\_

PO \_\_\_\_\_

PROJECT \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

EMPLOYEE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TOTAL
	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT	
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Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_