



Client Name:
for Week Ending:

Employee	Sunday ___/___			Monday ___/___			Tuesday ___/___			Wednesday ___/___			Thursday ___/___			Friday ___/___			Saturday ___/___			Total hours for week
	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	In	Out	total	
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Customer Authorization: _____

To: First Choice Staffing Payroll - Liverpool Office
 Fax : 315-453-3958
 Phone: 315-453-5533