## **Customized Options Non-Profit**

Month:  Pay Period: 1st -15th 16th - end of month					Consumer Name(s):		
					County:		
				·			<del></del>
Day (M-F)	Date	Time In	Time Out	Total Hours	Name of Client	Office Use	Office Use
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	<del></del>	<b>_</b>		<b> </b>			
Week One Total:							
Day (M-F)	Date	Time In	Time Out	<b>Total Hours</b>	Name of Client	Office Use	Office Use
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42000							
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	***************************************						
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Week Two Total:							
Day (M-F)	Date	Time In	Time Out	Total Hours	Name of Client	Office Use	Office Use
<del> </del>	<del></del>						
		Week	Three Total:		Office Use		
*			Total Hours:				
					L		
Note: Tin	ne card	s are due	no later t	han <u>18th</u> a	and the <u>3rd</u> of every mo	nth. Please	be
courteou	s and tu	ırn this ir	on time.	Thank you	for being a great empl	ovee.	
					s (T-logs & ISP Data) and an		<u>~</u>
						otner reports	<u>S.</u>
9	Supervisor's Signature:						