FRANKLIN SERVICE UNLIMITED					
Employee Name:		Location:			
Supervisor:	MS FRANKLIN	Housekeeping			

Employee Name	Date	Scheduled Hours	Time In	Time Out	Check	Worksite Location
		9:00 to 11:00				
		9:00 to 11:00				
		9:00 to 11:00				
		9:00 to 11:00				
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		9:00 to 11:00				
		9:00 to 11:00				
		9:00 to 11:00				
Supervisor Signature		1	1		1	