

740 W. Alluvial Ave. Fresno, CA 93711-5509 (888) 292-4440 • (559) 431-6428 • Fax (888) 292-4448 www.insurance-relief.com

TIMESHEET

_ Employee								
Name								
Employee ID								
mployee Signatu	re							
		accurate. Please n	nake any co	orrections	necessary so thi	s record is 100°	% accurate before signing	
							orked during the designant ntitled under the application	
							Relief's policy including, l	
not limited to, Insura	ance Relief's	policies against w	orking off t	he clock, a	gainst rounding	time, and work	ing unauthorized overtim	
- Work Week								
OFFICE # 102		From:(Monday)				To:(Sunday)		
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	Date		Out	In	End Time	Time		
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Appro	oved By							
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TITLE								
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							t is hereby certified by terms and conditions.	
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