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| **[COMPANY NAME]** | | | | |  | | |  | **A** | | | **E** | | **W** | | **P** | |
|  | [SLOGAN HERE] | | | |  | | |  | [ADDRESS] | | | [EMAIL ID] | | [WEBSITE] | | [PHONE NO] | |
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| **Employee ID** | | **Department** | | | | **Period Start and End Date** | | | | | | | **Note** | | | | |
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| **Day** | | **Date** | | **Time** | | | | | | | | | **Hours** | | | | |
| **In** | | | **Out** | | | | **Break** | | **Normal** | | **OT** | | **Sick** |
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| Signature of Employee: | | |  | | | | | | | Signature of Supervisor: | | | | |  | | |
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| **Terms and Condition:** | | | |  |  | | |  | | |  | |  | |  | |  |
| 1. Please fill all the blocks in the above table. | | | | | | | | | | |  | |  | |  | |  |
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