

## ACCOUNTING TIME SHEET

30

Please Email This Form, Duly Signed To: Attn: The HR Department	Supervisor Signature	Employee Signature	I CERTIFY THAT THE ABO	Total No. of Days Worked:	Pls write the corresponding	Total	W-Sat & Sun	C-Comp Off	U-Unpaid Leave	S-Sick Leave	AL-Annual Leave	H-Holiday	OT Hrs	Work Hrs	DATE		Client Site: Manager Name:
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	Mario		CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY TIME FOR THIS PERIOD.	25	Pls write the corresponding alphabets (L for annual leave, S for sick leave, C for Comp off) against the appropriate date.	H	1						+	4	2	a DOS	Asian Agri Yoke Boon
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** Leave Applications <u>must</u> be faxed with the Timesheets!						$\Box$							+	00	25	To:	
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