



MANUAL TIME LOG

LOCATION : CTSI _____

DATE : _____

TIME SYSTEM DOWN FROM / TO : _____

LAST NAME	FIRST NAME	DEPARTMENT	TIME	IN	OUT	SIGNATURE
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Confirmed by: _____

IT Manager

Noted by: _____

HRD / Date