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| **Employee Name:** |  | **Employee No:** |  |
| **Department:** |  | **Position:** |  |
| **Reason:** |  | | |

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| **Date** | **Day** | **Time In** | **Time Out** | **Total** | **Less Normal Hours** | **Total** | **Employee Signature**  **(Certifying as correct)** | **Payroll Actioned** |
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| **Manager:** | **Name** |  | **Signature** |  | **Date** |  |
| **CAO:** | **Name** |  | **Signature** |  | **Date** |  |