

Task

Every: ☐ Weeks / ☐ Month

	J	F	M	A	M	J	J	A	S	O	N	D
1st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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☐ Nothing to do / ☐ On due / – Not done / X Completed