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ASSIC	GNMENT	EMPLOYE	E'S NAME	(PLEASE F	PRINT)	
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DAY	MONTH/ DAY	TIME IN	TIME OUT	LESS WNCH PERIOD	TOTAL F REG.	O/T
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CUSTOMER APPROVAL

The total hours indicated were performed satisfactorily by the 
LIBERTY assignment employee, named on this form. I understand 
that should I hire this person there is a fee payable. I have 
read and agree to all terms and conditions on the reverse 
of this form.

SIGNATURE

**HOURS MUST BE** IN BY MONDAY AT 3:00 P.M. !!

TITLE FOR YOUR CONVENIENCE, FAX US at (519) 745-1552

or 1-866-277-3596

LIBERTY-WHITE COPY

CUSTOMER-YELLOW COPY

EMPLOYEE-PINK COPY