

Direct Staffing Solutions Inc.

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Name:		Week Ending:				
11.110-1-11				LEIP FAIR TOR	Harris - To	
Client:		Report Address:				
		Report To	:			
Day Date	TIME		Less Meal	Total Daily	Overtime	
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	Date YEE EEK.	Date Start YEE TO W	Report To TIME Start Finish TO YEE TOTAL HOUR WORK APPRO	Report To: Date TIME Less Meal Break	Report To: Date TIME Less Meal Daily Hours	