CL		_	ency Nam		NA/ECT	Employee Name:				
GL		dba: Me		ENT NORTH Connect	IWESI					
Mailing Address: 918 S Horton Street, Suite 820 Tel: 206-556-2935 Seattle WA 98134 Tel: 206-556-2954						Facility Name:	Pay Period Ending			
						Disposition Codes				
Day of Week	Date	Time In	Time Out	Break/Lunch	Total Hours	Duty	LOC	OT Summary		
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
				Total Hours		Reviewed by:	'			
CLIENT AND EMPLOYEE EACH CERTIFY THAT THE HOURS STATED HEREON ARE CORRECT AND CLIENT FURTHER CERTIFIES THE WORK WAS PERFORMED TO SATISFACTION.			Employee Signature:			OVERTIME AUTHORIZATION: (Client agrees to pay time and a half of overtime hours for holidays)  Facility Signature:				
				(Rer	ninder: PLEASE LEAV	FACILITY COPY  /E A COPY TO FACILITY AND FAX/TEXT/EMAIL OFFICE BEFORE LI	EAVING)			

Notes/Comments:									
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