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|  | Supervisor: |  | |  |  |  |  |  |  |  |  |
|  | Department: |  | |  |  |  |  |  |  |  |  |
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|  | ID No. | Employee Name | Hourly Rate | Reg. Hours | OT Hours | PTO Earned | PTO Used (Sick Days) | PTO Used (Vacation) | $ (Reg.) | $ (OT) | TOTAL |
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|  | Employee signature | | Date |  | Supervisor signature | | Date |  |  |  |  |
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