



STAFF SIGN-IN FORM

Location Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_



Date \_\_\_\_\_

EMPLOYEE	First IN	OUT OF CENTER		LUNCH / BREAK		Last OUT	NOTES
		OUT	IN	OUT	IN		
Type Employee Name							
Type Employee Name							
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Type Employee Name							

I have reviewed this document and attest that it is a true and factual representation of the attendance record of the staff of this location. I have spoken with staff regarding the consequences of misstatements on this document.

\_\_\_\_\_  
Center Director's Signature

\_\_\_\_\_  
Date

