

QP ACTIVITY & TIME DOCUMENTATION

Employee Name: _____

Pay Period: from _____ to _____

NO.	DATE	TIME IN AM/PM	TIME OUT AM/PM	CLIENT NAME	COMMENTS
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
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		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		

Signature: _____

Date: _____

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