DARLEN Cleaning Limited

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Rathcoole,
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NAME: _____ **Employee No:** _____ **Week:** _____

DATE	COMPANY NAME	TIME IN	TIME OUT	COMMENTS

Please Tick box indicate breaks were taken. ☐

I confirm that the hours stated above are what I worked. Signed : _____

Form 19 STAFF WORKSHEET updated rev. 2

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ISO QUALITY SERVICES
REGISTERED FIRM
CERTIFICATE No. IVKDH092104

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