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www.dakotastaffing.com

W.O.#: _____

NAME: _____

SSN: _____

COMPANY NAME: _____

DAY	DATE	IN	OUT	LUNCH	TOTAL HOURS
MON.					
TUES.					
WED.					
THUR.					
FRI.					
SAT.					
SUN.					
TOTAL HOURS/WEEK ▶					

BY SIGNING BELOW, CLIENT AGREES TO THE TERMS PRINTED ON THE REVERSE.

CUSTOMER SIGNATURE: _____