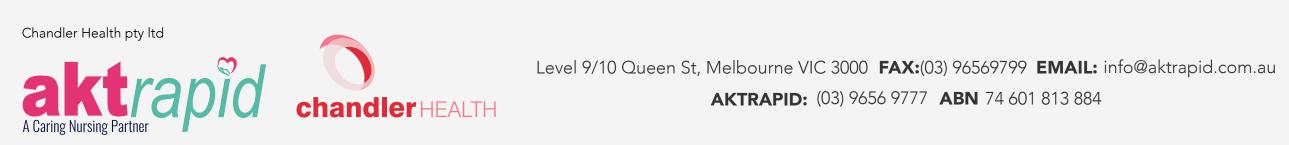
Name:



STAFF SIGNATURE



Client

Performance Score _____ /3

Grade:	Phone Number				
DATE:	DAY	START	FINISH	MEAL BREAK	HRS WORKED
	 				

CLIENT APPROVAL