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Weekly Time Record Address: Employee: Address2: Manager: City, State, Zip
Employee Phone: Employee E-mail: Week Ending: Regular Hours Overtime Sick
Total Monday Tuesday Wednesday Thursday Friday Saturday Sunday Employee
Signature Date Manager Signatu 2th, 2024

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Record And Shall Be Subject To Disclosure In Printed Or Typed Format By The State
Agency That Has Inserted That Information Into The Database, In ... § 14-3-15.1 By
Laws 1995, Ch. 110, § 8. 1th, 2024

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Asking For Medical Evidence Or Other Information — Such As The “Teacher

Questionnaire” (Form SSA-5665) And The “Request For Administrative Information” (Form SSA-5666). 2th, 2024

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Jun 16, 2020 · [Agency Logo/letterhead] Certification Name Of Requester: [Name Of Requester] Records Requested: [Description Of Records Requested] I, [Name Of Agency Open Records Officer], Hereby Declare Under The Penalty Of Perjury, Pursuant To 18 Pa.C.S. § 4904, That The Following Statements Are True And Correct Based Upon My Personal 3th, 2024

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