

HIBBING PUBLIC UTILITIES BIWEEKLY TIME SHEET

EE NO.	EMPLOYEE NAME										JOB TITLE						JOB CLASS	HOME UTILITY	DUE DATE			
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	R		OT		R		OT		R		OT		R		OT		R		OT		HOLIDAY	SICK	VACATION	PERSONAL DAY	COMP TIME USED	DAILY TOTAL	WEEKLY TOTAL
	R	OT	R	OT	R	OT	R	OT	R	OT	R	OT	R	OT	R	OT	R	OT									
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