	А	В	С	D	Е	F	G	Н		J	К	L	
1			-				Il Public		;				
	2 RESPONSIBILITY CENTER Administrator Payroll Report PP 23												
3					- 11_0.	0.10.2			<u> </u>		<i>y. o</i>		
4													
5	Department Name:							Two week period ended:					5/9/2020
6													
	Period Begins:	APPROVED	APPROVED BY:							SUPERVIS	OR:		
7 8	4/26												
8				4/00	4/07	4/00		4/00	F/04	F/00	Hourly		
	Period Ends:	P/R Dept # Hourly/Salar y (H/S)		4/26 5/03	4/27 5/04	4/28 5/05	4/29 5/06	4/30 5/07	5/01 5/08	5/02 5/09	employees		
9	5/09	y (H/S)		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	# hours worked		
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			k										
10	Employee Name:		1										
	Initals		W										
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11			2										
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12	Employee Name: Initals		1										
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16	Employee Name:		1										
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18	Employee Name:		1										
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