

Employer Sign-In Sheet

Date: _____

Course Topic, Location: _____ Trainer Name & Signature: _____

NO.	FULL NAME TÊN	PHONE # SỐ ĐIỆN THOẠI	EMPLOYER OR EMPLOYEE? (CHỦ TIỆM NAIL HOẶC NHÂN VIÊN?)	TIME IN (THỜI GIAN ĐẾN?)	TIME OUT (HẾT GIỜ?)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

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