NAME:			
ENTITY:			
DECLARATION OF WORK PERFORMED – Regular Salaried Hours MONTH OF: This declaration must be turned in to the K&S office by the 15 th of the following month 1 ST WEEK:			
			HOURS:
2 ND WEEK:			
	HOURS:		
3 RD WEEK:			
	HOURS:		
4 TH WEEK:			
	HOURS:		
	TOTAL MOVING		
	TOTAL HOURS:		
COMMENTS / PROBLEMS:			
SIGNED:	DATE:		

Type or sign your name here.