

WRA-6B

EMPLOYEE'S

NAME Hayakawa, Hisako

ACTIVITY NUMBER 1100

LOCATION 12-2-A

PERIOD-From 6/1 To 6/30

	NUMBER OF HOURS WORKED EACH DAY														TOTAL HOURS	
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
HRS. WKD.	8	8	4	-	8	8	8	8	8	4	-	8	8	8	8	
HRS. WKD.																

CERTIFICATE: I hereby certify that I have performed the number of hours of work indicated above, during the period stated, and required by law and regulations, that the total amount of time is chargeable to the activity indicated above, and that this report is accurate in all details.

OCCUPATION Block Clerk

Hisako Hayakawa
Signature of Employee

1474

32180

Ident. Number

Family Number

1&2 Enter dates of period. 3&4 Enter hrs. wrk'd. for which you claim payment.

Approved: _____