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OFFICE OF STRATEGIC SERVICES

MONTHLY SUMMARY OF NIGHT SHIFT WORK

BRANCH OR OFFICE _____ MONTH _____

Name of Employee	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

I certify that the above employees were required to work the days reported above on the Night Shift, and are entitled to additional pay of 15% for such time. All work reported was between the hours of 3:15 P. M. and 10:45 A. M. and periods of annual leave have not been included.

Signature _____

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