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SUPERVISORS REPORT

Client(Print)		Client	
Branch/Department		Task	
Supervisor/Leader		Year	
		Week	

DAY	DATE	START	FINISH	TIME

WRITTEN CONFIRMATION SAVES POTENTIAL EMBARRASSMENT.

File Force Officer Instructed Name and signature	Supervisor Signature	Client Confirmation & Sign off
Distribution of Copies:-(Original) To Client (2) Client Work Book (3) Contract File (4) Staff File		Print Name

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