

DATE _____

HIGHLIGHT MONTH
HIGHLIGHT DAY
HIGHLIGHT DATE

JAN 1	FEB 2	MAR 3	APR 4	MAY 5	JUN 6	JUL 7	AUG 8	SEP 9	OCT 10	NOV 11	DEC 12
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY					
1	2	3	4	5	6	7	8	9	10	11	12

FIRST Phone Sign In / Sign Out Sheet

Department	FIRST Phone Ext. Number	AM Sign Out Time	Associate Print Name	< Log Out Time & Log In Time >	Associate Print Name	< Log Out Time & Log In Time >	Associate Print Name	< Log Out Time & Log In Time >	Associate Print Name	< Log Out Time & Log In Time >	Associate Print Name	< Log Out Time & Log In Time >
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Associates must sign out devices and sign back in after use THD store 1010
 ****VENDORS / MET Teams - By signing a device out, your team is responsible for any cost associated with breaking or losing****