**Relief Record**

LLC Name: \_

Revised 12/2/2020

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| --- | --- | --- | --- | --- | --- | --- |
| Consumer Name  (Please list each consumer on separate sheet) | Date | Beginning (Time) | Date | End of (Time) | Total Time | Relief  Worker Initials |
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Total Time:

Contractor Signature

P lease email to p [ayroll@werestorehope.com or fax to 417-256-2063. Deadline for turning in relief](mailto:ayroll@werestorehope.comorfaxto417-256-2063.Deadlineforturninginrelief) records is the 5th of every month. We recommend that all documents be sent as PDF’s.