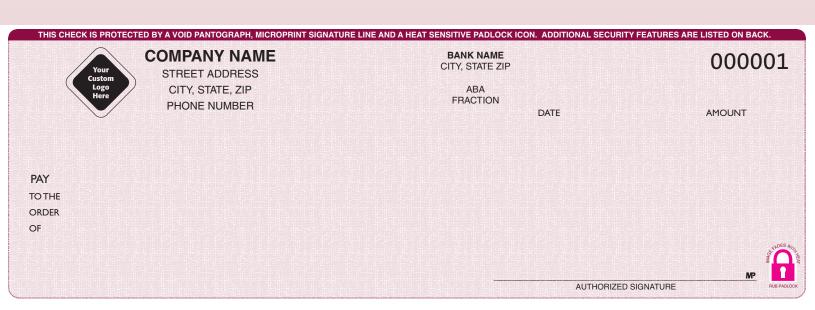
EMPLOYEE ID EMPLOYEE NAME			NAME	DATE		VACATION	SICK	SOCIAL SEC. NO.		START PERIOD		END PERIO	000002			
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COMPANY NAME CITY, STATE, ZIP

EMPLOYEE ID		EMPLOYEE NAME			DATE	VACATION	SICK	SOCIAL SEC. NO. ST.		START I	PERIOD END PERIOD		000001	
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