

# RETURN TO WORK

W/C XX MONTH 2020

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
John Smith	AM							
	PM							
	AM							
	PM							
	AM							
	PM							
	AM							
	PM							
	AM							
	PM							
	AM							
	PM							
	AM							
	PM							
	AM							
	PM							

For further information, please contact your COVID-19 Compliance Officer:



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# RETURN TO WORK

W/C XX MONTH 2020

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							

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