

# Daily/Weekly Routines

Context \_\_\_\_\_

ACTION OR TASK NAME																					
<input type="checkbox"/>								Week 1		Week 2											
								M	T	W	Th	Fr	Sa	Su	M	T	W	Th	Fr	Sa	Su
<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	Repeat:	1	2	3	4	5	6	7	Week 3		Week 4				
								M	T	W	Th	Fr	Sa	Su	M	T	W	Th	Fr	Sa	Su
<input type="checkbox"/>								Week 1		Week 2											
								M	T	W	Th	Fr	Sa	Su	M	T	W	Th	Fr	Sa	Su
<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	Repeat:	1	2	3	4	5	6	7	Week 3		Week 4				
								M	T	W	Th	Fr	Sa	Su	M	T	W	Th	Fr	Sa	Su
<input type="checkbox"/>								Week 1		Week 2											
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<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	Repeat:	1	2	3	4	5	6	7	Week 3		Week 4				
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				M T W Th Fr Sa Su	M T W Th Fr Sa Su	
<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Week 3	Week 4
				Repeat: 1 2 3 4 5 6 7	M T W Th Fr Sa Su	M T W Th Fr Sa Su
<input type="checkbox"/>				Week 1	Week 2	
				M T W Th Fr Sa Su	M T W Th Fr Sa Su	
<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Week 3	Week 4
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<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	J	F	M	A	M	J	Due By
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D
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