

REPRODUCE LOCALLY. Include form number and date on all reproductions.

FSA-958 (09-15-98)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	PRIVACY ACT STATEMENT Collection of your social security number is authorized by Executive Order 9397 and will be used solely for the purpose of positive identification. Furnishing this information is voluntary.	NAME OF EMPLOYEE PAY PERIOD YEAR WORK SCHEDULE TYPE	SOCIAL SECURITY NO.
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WORK SCHEDULE LOG

REGULAR TIME/ PAY STATUS LEAVE	FIRST WEEK HOURS							SECOND WEEK HOURS							TC	TOTAL HOURS WEEK ONE	TOTAL HOURS WEEK TWO	
	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT				
(01) REGULAR TIME																01		
(61) ANNUAL LEAVE																61		
(62) SICK LEAVE																62		
(50) CREDIT HOURS USED																50		
(66)																66		
()																----- TOTAL		
NONPAY STATUS																		
(29) CREDIT HRS. EARNED																29		
(32) COMP. TIME EARNED																32		
(71) LWOP																71		
()																----- TOTAL		

	FIRST WEEK						SECOND WEEK							
	REGULAR TIME		CREDIT HOURS		OVERTIME/COMP.TIME		REGULAR TIME		CREDIT HOURS		OVERTIME/COMP.TIME			
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
SUN														
MON														
TUES														
WED														
THUR														
FRI														
SAT														

SIGNATURE OF EMPLOYEE	DATE	SUPERVISOR'S INITIALS	DATE	TIMEKEEPER'S INITIALS	DATE
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