

TIME AND ATTENDANCE REPORT

Time In Pay Status							<u>DAY</u>	Time Absent										
Sub	S/D	Hol.	N/D	Comp.	O/T	Reg.		From	To	Ann.	Sick	Comp.	LWOP	AWOL	MIL	COP	OTH.	INIT.*
							Sun											
							Mon											
							Tues											
							Wed											
							Thur											
							Fri											
							Sat											
							Sun											
							Mon											
							Tues											
							Wed											
							Thur											
							Fri											
							Sat											
							Total											

* CERTIFICATION OF SICK LEAVE: I CERTIFY THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

REMARKS:

Tour	Pre-Date	Social Security Number	Tk. No.	Name	PP				

		All Regular Hours				Total Hours Worked											
GS 1st Shift WB	A					Overtime			Night Diff			Sunday Diff.			Holiday		
	B					C				D				E			
WB Only 2nd Shift 3pm-12am	F					Overtime			Night Diff			Sunday Diff.			Holiday		
	G					H				I				J			
WB Only 3rd Shift 11pm-8am	K					Overtime			Night Diff			Sunday Diff.			Holiday		
	L					M				N				O			
Other Hours	P					PL 85-580			Sub Hours			Compensatory			Special-Regular		
	Q					R				S				T			
		Total Hours Absent															
		Annual				Sick				Other				Compensatory			
		U				V				W				X			
		AWOL				LWOP/SUP				COP				Military			
		Y				Z				AA				AB			

REMARKS:

CERTIFICATION

TIMEKEEPER'S SIGNATURE

CERTIFIED ALL HOURS CORRECT. ALL PREMIUM HOURS APPROVED AND WORKED ACCORDING TO LAW.

SUPERVISOR'S SIGNATURE