



U.S. Department of State
STUDENT TIME SHEET

EMPLOYEE NAME (Last, First, MI)	SSN	PAY PERIOD
ORGANIZATION		ENDING DATE : (mm-dd-yyyy)

	REG DUTY & LEAVE							PREMIUM							HOURS	
	DAY	REG	AL	SL	CT USED	CT WK	OTHER	LWOP	ND	SD	HL	OT	FROM	TO	EMPLOYEE INITIAL	
SUN																
MON																
TUE																
WED																
THU																
FRI																
SAT																
												←			1st WEEK TOTAL	

Employee certifies that the information is true and correct and in keeping with Department Regulations

EMPLOYEE DEPARTED TO POST	TO:
FROM:	
IF NEW EMPLOYEE	
EOD:	
IF RESIGNED/RETIRED/TERMINATED	
SEPARATION DATE: (mm-dd-yyyy)	
OTHER ABSENCE COL CODES	

1. OFFICIAL LV & EXCUSED ABSENCE
2. COURT
3. MILITARY
4. HOME
5. USE OF RESTORED ANNUAL LEAVE
6. ALL OTHER

Signature of Student/Timekeeper	Date	Signature of Supervisor	Date
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