

TIME AND ATTENDANCE REPORT

Day	Time In Pay Status							Time Absent										
	Sub	S/D	Holiday	N/D	Comp.	O/T	Regular	From	To	Annual	Sick	Comp.	LWOP	AWOL	MIL	COP	Other	INIT.*
Sun																		
Mon																		
Tues																		
Wed																		
Thurs																		
Fri																		
Sat																		
Sun																		
Mon																		
Tues																		
Wed																		
Thurs																		
Fri																		
Sat																		
Total																		

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

Remarks:

Tour	PPE Date	Social Security Number	Tk. No.	Name	PP

Total Hours Worked

		All Regular Hours																		
		A																		
GS 1st Shift WB	Overtime					Night Diff.					Sunday Diff.					Holiday				
	B					C					D					E				
WB Only 2nd Shift 3 pm - 12 am	Overtime					Night Diff.					Sunday Diff.					Holiday				
	F					G					H					I				
WB Only 3rd Shift 11 pm - 8 am	Overtime					Night Diff.					Sunday Diff.					Holiday				
	J					K					L					M				
Other Hours	PL 85-580					Sub Hours					Compensatory					Special-Regular				
	N					P					Q					Z				

Total Hours Absent

Annual				Sick				Other				Compensatory				
U				Y				R				S				
AWOL				LWOP/SUP				COP				Military				
T				X				V				W				

Remarks:

Certification

Signature

Date

TIMEKEEPER'S SIGNATURE

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

Signature

Date

SUPERVISOR'S SIGNATURE