

PEOPLE FIRST ID #	NAME: Last, First, MI	<b>OPS</b>	
	Contracted Bi-Weekly Hours of Work:	Circuit	Section
	Class Title:	From:	Pay Period Dates: To:

**a. Dates:** Select "Pay Period From Date", TAB and dates will be automatically entered.

**b. Hours:** Enter actual "in and out" times for each day. Daily totals will be automatically rounded to the quarter hour. Use "am" or "pm" for 1 - 12 hours, not required for military time (0 - 23). Both can be used.

	FRI	SAT	SUN	MON	TUES	WEDS	THUR	TOTAL
Dates:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Hrs./Mins. Worked:	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.
Comments:								

	FRI	SAT	SUN	MON	TUES	WEDS	THUR	TOTAL
Dates:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Time - In:								
Time - Out:								
Hrs./Mins. Worked:	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.	Hrs. Mins.
Comments:								

a. Total Regular Hours Worked:	_____
b. Total Overtime Hours: (Hours worked in one week in excess of 40.)	_____
c. Total Hours Worked (a + b):	_____

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked and authorized overtime.

\_\_\_\_\_

Employee's Signature & Date

It is the supervisor's responsibility to verify the accuracy of the completed attendance record.

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Supervisor's Signature, Date & Telephone