

PEOPLE FIRST ID #	NAME: Last, First, MI	OPS	
	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):	_____

<p>I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked and authorized overtime.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Employee's Signature & Date</p>	<p>It is the supervisor's responsibility to verify the accuracy of the completed attendance record.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Supervisor's Signature, Date & Telephone</p>
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