

# Time and Attendance Record

Submit a separate form for each Pay Period (1<sup>st</sup>-15<sup>th</sup> or 16<sup>th</sup>-31<sup>st</sup>).

Month/Year (MM/YYYY):

Name:

Personnel ID:

Position Title:

Agency:

Division:

Are you a member of a Bargaining Unit?      Yes      No      If **yes**, indicate which union?

Did you submit an Overtime Request?      Yes      No

**Select your work schedule from one of the drop-down boxes listed below.**

Work Schedule:

Workweek:

<b>Dates in Pay Period</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Total Pay Period Hours
<b>Day of the Week</b>																	
<b>Dates in Pay Period</b>	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Day of the Week</b>																	
<b>Program Activity (if applicable list code(s) below)</b>	<i>Number of hours worked each day</i>																
<b>Leave Taken</b>	<i>Number of leave hours taken each day</i>																
<b>Annual Leave</b>																	
<b>Compensatory Time</b>																	
<b>Personal Holiday</b>																	
<b>Leave Without Pay</b>																	
<b>Military Leave</b>																	
<b>Other</b>																	
<b>Shared Leave</b>																	
<b>Sick Leave</b>																	
<b>TOTAL</b>																	

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

I certify the hours recorded above accurately reflect the hours I've worked, or leave taken.

Date:

Employee Signature:

I certify that I have verified the hours recorded with the employee and it accurately reflects the hours worked or leave taken.

Date:

Supervisor Signature: