LastName ClientName ClientName	rstName Worl	WeekEnding / / / / / / / / / / / / / / / / / / /
JOB CODE SAT Hrs 1/10s Hr	SUN MON TUE WED rs 1/10s Hrs 1/10s Hrs	THU FRI TOTAL 1/10s Hrs 1/10s Hrs 1/10s
LEAVE CODE — Salaried Employees Only Leave Code Hrs 1/10s Hr Hours Type – Non-Chargable (Enter the appropriate number at right) 31 Paid Time Off 36 Jury Duty/Paid Military Leave 37 Unpaid Time Off 38 Bereavement	SUN MON TUE WED rs 1/10s Hrs 1/10s Hrs	THU FRI TOTAL 1/10s Hrs 1/10s Hrs 1/10s TOTAL LEAVE HOURS TOTAL LEAVE HOURS
ConsultantSignature Date / / / / / / / / / / / / / / / / / / /	ClientSignature Date / / / / / / / / / / / / / / / / / / /	ATR 104 S Washington St Rockville, MD 20850 FAX TO: 301-654-0066