EXAMPLEWeekly Time and Attendance Record

NAME:	NAME:						JOB TITLE:							
Last First														
DIVISION:						Work Group :								
Employee ID:						Week Ending:								
CODE DES	SCRIPTION ALLOCATION	CODE No.	%	ſ		SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL	
Supportive Srvcs. , Senior Companion 06'		Α	25%		IN			9		9	9	9		
Healthcare, Boston Elders Outreach 06'		В	25%		OUT			5		5	5	5		
Food Srvcs, State Elder Lunch Program 06'		С	25%		IN									
Grief Services, Federal Elder Support 06'		D	25%		OUT									
					HOURS WORKED			8	0	8	8	8	40	
				-			•	•	•				•	
Total			100%											
CODE No. TIME ALLOCATION VARIANCES					TIME DISTRIBUTION (HOURS) TOTAL									
Α	Supportive Srvcs. , Senior Companion 06'							2			2	2	10	
В	Healthcare, Boston Elders Outreach 06'							2			2	2	10	
С	Food Srvcs, State Elder Lunch Program 06'							2		8	2	2	10	
D	Grief Services, Federal Elder Support 06'							2			2	2	10	
	Flex Time													
	Personal													
	Sick													
	Vacation								8					
	Comp. Time Used													
	Holiday													
	TOTAL							8	8	8	8	8	40	
	Comp. Time Earned (Supervisor's Initials)													
	Time W/0 Pay (Supervisor's Initials)													

Certified Approved Supervisor's Signature Supervisor's Signature