

HOURLY ATTENDANCE REPORT

Employee #				Dept.				Pay Period Dates: From				To			
Name						Award/Project (If multiple awards/projects, enter information below)									
Day	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Date															
In															
Out															
In															
Out															
In															
Out															
Overtime															
In															
Out															
Total															
CERTIFICATIONS:											Summary				
Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge. Employee _____ Date _____ Supervisor _____ Date _____ Project Director _____ Date _____						Supervisor/Project Director: I confirm that the employee worked all of the above hours on the award and projects noted above. If the employee worked on multiple awards and projects, the distribution of hours is as noted below.						Regular Hours			
												Overtime Hours			
												Premium Hours			
												Total			
Award/Project		No. of Hours		Award/Project		No. of Hours		Hours		Award/Project		Hours		Total Hours	