

TIME AND ATTENDANCE SHEET FOR PAY PERIOD ENDING:

NAME _____

SUBMIT BY COB: _____

LEGEND

- LA - ANNUAL LEAVE
- LS - SICK LEAVE
- OU - OT
- LH - HOLIDAY
- CE - CT EARNED
- CT - CT TAKEN
- KA - LWOP
- CB - TRAVEL COMP EARNED
- CD - CREDIT EARNED
- CN - CREDIT TAKEN
- LB - ADVANCED ANNUAL
- LG - ADVANCED SICK
- CF - TRAVEL COMP TAKEN

WORK SCHEDULE: _____

FIRST WEEK:

SUN	MON	TUE	WED	THU	FRI	SAT

TOTAL HOURS PER WEEK: _____ TOTAL HOURS SICK LEAVE: _____

TOTAL HOURS OVERTIME: _____ TOTAL HOURS ANNUAL LEAVE: _____

TOTAL HOURS COMPTIME EARNED: _____ TOTAL HOURS COMPTIME TAKEN: _____

TOTAL HOURS CREDIT EARNED: _____ LEAVE WITHOUT PAY (LWOP): _____

TOTAL TRAVEL HOURS EARNED : _____ TOTAL HOURS CREDIT TAKEN: _____

TOTAL TRAVEL HOURS TAKEN : _____

SECOND WEEK:

SUN	MON	TUE	WED	THU	FRI	SAT

TOTAL HOURS PER WEEK: _____ TOTAL HOURS SICK LEAVE: _____

TOTAL HOURS OVERTIME: _____ TOTAL HOURS ANNUAL LEAVE: _____

TOTAL HOURS COMPTIME EARNED: _____ TOTAL HOURS COMPTIME TAKEN: _____

TOTAL HOURS CREDIT EARNED: _____ LEAVE WITHOUT PAY (LWOP): _____

TOTAL TRAVEL HOURS EARNED : _____ TOTAL HOURS CREDIT TAKEN: _____

TOTAL TRAVEL HOURS TAKEN : _____

I CERTIFY THAT ABOVE RECORDED TIME IS ACCUATE.

SUPERVISOR OR TIME AND ATTENDANCE APPROVING OFFICIAL
 IF OTHER THAN CERTIFYING OFFICIAL.

 EMPLOYEE SIGN/DATE

 SUPERVISOR SIGN/DATE

CERTIFICATION: ATTENDANCE AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLISA. I DID NOT SUFFER OR PERMIT ANY OVERTIME OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

AUTHORIZED SIGNATURE: _____
 (CERTIFYING OFFICIAL)

REMARKS:

HOW TO COMPLETE YOUR TIME SHEET

ONR is standardizing the way time sheets are filled out. Please use this as a guide to complete your time sheet. If handwritten, it must be in ink. Any changes in the work schedule must be preceded by an authorized change in work schedule form. It is your responsibility to ensure that each section is completed, signed by a certified official and submitted to the timekeeper by the due date. After the due date, any time submission will be input as a supplemental on the following Tuesday.

TIME AND ATTENDANCE SHEET FOR PAY PERIOD ENDING: 02SEP 95

A. First and last name.

NAME

A _____

B. If, on an alternate work schedule(AWS) should use military time 9 hours: 0800 -1730

WORK SCHEDULE:

AVIS 0800 -1730 OR REG 0730 -1600 **B** _____

If, on a regular work schedule 8 hours: 0730 - 1600

SUBMIT BY COB

LEGEND

- LA - ANNUAL LEAVE
- LS - SICK LEAVE
- OU - OT
- OC - OT WEEKEND
- CE - CT EARNED
- CT - CT TAKEN
- LH - HOLIDAY
- KA - LWOP
- HG - HOLIDAY WORK

C. AWS and regular employees should indicate each work day with the number 8 or 9 and if any absence with the type and hours.

FIRST WEEK: **AUG 20-26 1995 Alternate Work Schedule Example**

SUN 20	MON 21	TUE 22	WED 23	THU 24	FRI 25	SAT 26
	9	3.5 Reg 5.5 LA 0800-1330	9	9	OFF	

C

TOTAL HOURS PER WEEK: <u>44</u>	TOTAL HOURS SICK LEAVE: <u>0</u>
TOTAL HOURS OVERTIME: <u>0</u>	TOTAL HOURS ANNUAL LEAVE: <u>5.5</u>
TOTAL HOURS COMPTIME EARNED: <u>0</u>	TOTAL HOURS COMPTIME TAKEN: <u>0</u>

D

D. Total hours per week is always: AWS= 44 or 36 35 or 45 Regular= 40 Complete other sections with the appropriate number or 0

SECOND WEEK: **AUG 27-SEP 2 1995 Non-Alternate Work Schedule Example**

SUN 27	MON 28	TUE 29	WED 30	THU 31	FRI 1	SAT 2
	6 Reg 2 LS 0800-1100	8 Reg 2 CE 1600-1800	8 Reg 3 OU 1600-	8	5Reg 3 KA 1300-1600	

E

TOTAL HOURS PER WEEK: <u>40</u>	TOTAL HOURS SICK LEAVE: <u>2</u>
TOTAL HOURS OVERTIME: <u>3</u>	TOTAL HOURS ANNUAL LEAVE: <u>0</u>
TOTAL HOURS COMPTIME EARNED: <u>2</u>	TOTAL HOURS COMPTIME TAKEN: <u>0</u>

F

E. Employee's signature/date are required Your 1st level supervisor will sign only if he/she is not the certifying official to the employee

I CERTIFY THAT ABOVE RECORDED TIME IS ACCUATE.

F. The certifying official's signature is required (Certifying official is a supervisor or an individual operating in a supervisory capacity who has been designated to sign time cards certifying their accuracy.)

G

EMPLOYEE SIGN/DATE _____

SUPERVISOR OR TIME AND ATTENDANCE APPROVING OFFICIAL IF OTHER THAN CERTIFYING OFFICIAL.

F

SUPERVISOR SIGN/DATE _____

H

CERTIFICATION: ATTENDANCE AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

G. Example: Employee is out sick. Time sheet completed for employee.

AUTHORIZED SIGNATURE: _____

(CERTIFYING OFFICIAL)

I

REMARKS: _____