MLC PERSONNEL TIME AND ATTENDANCE RECORD											FROM TO											PAGE	OF	PAGES							
L N O	FULL NAME LAST NAME - FIRST NAME	SWWH AND		UNIT DESIGNATION											ACCOUNTING CLASSIFICATION REMARKS								L NO								
E	BWT GRADE/STEP	CHANGE DATE	1	2	3	4 5	6	7	8 9	10	11	12	13 14	1 15	16	17	18 ′	19	20	21	22 23	24	25	26	27 2	8 29	30	31			E
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L	_	SWD	OVERTII PREMIU RATE	м	N	N		NIGHT	:P	S W A	0000	SYMBOLS TO BE USED TO INDICATE	EXPLANATION OR DEFINITION TO			
N E	шве	FD N	CALE			W	-2	< <u>4</u>	4 <u>≤</u> <7	CODE-DAYS, HOURS,	SWA CODES	TYPE/NATURE/CONDITION	THE ABBREVIATED TERMINOLOGY (PAYROLL)			
N O		L	C A E	55 P	D	A		2 <u>≤</u> <7	7	NUMBER OF TASKS	OH1Overhead (10<20m) OH2Overhead (20m+) EXCExcavation UW1Underwater(20<20m)	8HWorked 8 Hours on a Holiday AUnauthorized Leave Without Pay Hours ADMAdministrative Leave	BWTBasic Wage Table FDDays Not Creditable to Family Allowance			
1	L						<u> </u>				UW2Underwater (>20-30m) UW3Underwater (>30m) PRRailway/Runway EPL1Ex Phys Lab (40<100kg)	ALAnnual Leave ALWOPAuthorized Leave Without Pay BMDBone Marrow Donor's Leave CCLChild Care Leave	HPHoliday Pay HRSHours NC LSIDays Not Creditable to the Next Longevity Step Increase			
2											EPL2Ex Phys Lab (100kg+) HVHigh Voltage HMLHeated Minerals/Liquids	DSLDuty Connected Sick Leave HHoliday (No Work) MGMourning Leave MLMarriage Leave	NDNight Differential NIGHT ALL-NCPNight Allowance for the works of Nurse and Nursing Assistant, Communication or Public Safety			
3											PSH1Poisons (Handling) PSH2Poisons (Presence) EXP1Explo (FT-Proc) EXP2Explo (FT-Guard-Max)	NPAuthorized Leave Without Pay PAOvertime at Premium Rate 125% PBOvertime at Premium Rate 135% PMLParent's Memorial Leave	Employee  <2Frequency less than 2 hours for the works of Nurse and Nursing Assistant.			
	H										EXP3Explo (FT-Guard-Min) EXP4Explo (PT-Proc) EXP5Explo (PT-Guard-Max)	PRPregnancy Leave RWHReduced Work Hours	Communication or Public Safety Employee			
4											EXP6Explo (FT-Guard-Min) CLCold	SLSick Leave SCLSpouse Child Birth Leave SLMSick Leave Menstrual	2≦Frequency from equal to or greater than 2 hours, through less than 4 hours for			
	H	$\vdash$	++		<u> </u>				H		CPS1Corpses (Dealing With) CPS2Corpses (Carrying) FILFilthy Work	SLWOPStrike Leave Without Pay SMLSummer Leave	the works of <u>Nurse and Nursing Assistant</u> 2 Frequency from equal to or greater than			
5											BRBoiler Repair IDInfectious Diseases WCWeather Conditions	T/SUTemporary Suspension	2 hours, through less than 7 hours for the works of <u>Communication or Public</u> <u>Safety Employee</u>			
6											SPRSteampipe Repair AHAir Hammers GSDGas, Steam, Dust AFFFiremen ATAerial Trgt Handlers	UNIT DESIGNATION	<ul> <li>4≤Frequency from equal to or greater than</li> <li>4 hours, through less than 7 hours for the works of Nurse and Nursing Assistant</li> <li>7<frequency 7="" applicable="" for<="" hours="" li="" only="" to=""> </frequency></li></ul>			
7											JENJet Eng Noises JETJet Eng Tests ABGGAerial Bomb/Gun Guard SDH1Security Dog Handler (Tng) SDH2Security Dog Handler (Feed)	Other> X-Other	the works of <u>Nurse and Nursing</u> Assistant, Communication or Public Safety Employee			
8	l										SDH2Security Dog Hariuler (Feed)		NWANon Work Allowance SWASpecial Work Allowance SWDScheduled Work Hours Deductions SWWHScheduled Workweek Hours			
9											ADDITIO	INDIV	TIFY THAT THE TIME AND ATTENDANCE RECORD FOR THE IDUALS LISTED IS TRUE AND CORRECT, AND THAT OVERTIME WAS REQUIRED AND AUTHORIZED.			
US	FJ F	ORM 34	, 2012102	3 (RE	VER	SE)	<u> </u>									
													SUPERVISOR'S SIGNATURE			