

# Time and Attendance Record

Submit a separate form for each Pay Period (1<sup>st</sup>-15<sup>th</sup> or 16<sup>th</sup>-31<sup>st</sup>).

Month/Year (MM/YYYY):

Name:

Personnel ID:

Position Title:

Agency:

Division:

Are you a member of a Bargaining Unit?      Yes      No      If **yes**, indicate which union?

Did you submit an Overtime Request?      Yes      No

**Select your work schedule from one of the drop-down boxes listed below.**

Work Schedule:

Workweek:

Dates in Pay Period	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Day of the Week																	
Dates in Pay Period	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Day of the Week																	
Program Activity (if applicable list code(s) below)	<i>Number of hours worked each day</i>																Total Pay Period Hours
Leave Taken	<i>Number of leave hours taken each day</i>																
Annual Leave																	
Compensatory Time																	
Personal Holiday																	
Leave Without Pay																	
Military Leave																	
Other																	
Shared Leave																	
Sick Leave																	
TOTAL																	

*I certify the hours recorded above accurately reflect the hours I've worked, or leave taken.*

Date:

Employee Signature:

*I certify that I have verified the hours recorded with the employee and it accurately reflects the hours worked or leave taken.*

Date:

Supervisor Signature: