



BIWEEKLY ATTENDANCE REPORT

Employee #			Del. Drop			Dept.			Pay Period 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														
Overtime														
In														
Out														
Total														
CERTIFICATIONS: Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge. Employee _____ Supervisor _____ Project Director _____											Supervisor/Project Director: I confirm that the employee worked 100% on the award noted above. If the employee worked on multiple awards and projects, the distribution of hours is as noted below. Date _____ Date _____ Date _____			Summary Regular Hours Overtime Hours Premium Hours Total
<u>Award/Project</u>		<u>Hours</u>		<u>Award/Project</u>		<u>Hours</u>		<u>Award/Project</u>		<u>Hours</u>		<u>Award/Project</u>		<u>Hours</u>
Leave	Vacation	Sick	Personal	Other	Leave w/o Pay	Notes								
Time Used														
Time Accrued														
Balance														