



HOURLY 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:											Summary													
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 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. Date _____ Date _____ Date _____					Regular Hours													
		Overtime Hours																						
		Premium Hours																						
		Total																						
Hours				Hours				Hours				Hours				Total Hours								
Award/Project		Reg		OT		Prem		Award/Project		Reg		OT		Prem		Award/Project		Reg		OT		Prem		