

Time Accrued

Balance

BIWEEKLY ATTENDANCE REPORT

Employee #			Del. Dr	Del. Drop			Dept.				Pay Period From				То	
Name						Award/Project (If multiple awards/projects, enter information below)										
Day	y Sat Sun		Mon	Mon Tue		Thu	Fri	Sat Sun		Mon	Mon Tue		Wed Thu		Fri	
Date																
In								The Law Left								
Out			t													
In																
Out																
Overtime																
In																
Out		[
Total		21231														
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: I confirm that the employee worked 100% on the av If the employee worked on multiple awards and pro distribution of hours is as noted below. Date				ward noted above. ojects, the Overtime Hours Premium Hours					
Supervisor							Date									
Project Director Date												Total				
Award/Project H			Awa	<u>Award/Project</u> <u>Hours</u>		Award/Project Hours			<u>s</u>	Award/Project			<u>Hours Tota</u>		l Hours	
Lo		Vacatio		Sielt	Personal		their	Leavent	Bau			T	Notes			
Leave Time Used		vacatio		Sick Persona		Other Leave w/o Pay		Jray	indies							

Revised 12/07