



U.S. Department of State

TIME AND ATTENDANCE 2021

Name _____ Pay Period _____

	Last			First			Middle			Other		LW	ND	SD	HP	OT
Day	Date	Start Time	End Time	RD	TW	AL	SL	CU	CW							
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																

Period Totals:

Employee Comments	Employee certifies that regular, leave taken, and premium hrs. worked is accurate, and is in keeping with Department regulations.		
	Employee Signature	Date (mm-dd-yyyy)	
Supervisor Comments	Supervisor Action and Certification		
	Supervisor Action	Supervisor Signature	Date (mm-dd-yyyy)
	Time Keeper Certification		
	Time Keeper Signature	Date (mm-dd-yyyy)	