



TIME AND ATTENDANCE 2023

Employee Name (<i>Last, First, Middle Initial</i>)					Scheduled Start Time				Scheduled Finish Time			

Day	Date	Start Time	End Time	Reg	OT	AL	SL	LWOP	Comp	Total	TW	AWS
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
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Thursday												
Friday												
Saturday												
Sunday												
TOTALS												
GRAND TOTAL												

= Holiday

Employee's Comments and Certification

By checking this box, I, _____, certify that I am the individual submitting this document. Date (mm-dd-yyyy)

Supervisor's Comments and Certification

By checking this box, I, _____, certify that I am the individual submitting this document. Date (mm-dd-yyyy)