



TIME AND ATTENDANCE 2022

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												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
TOTALS												
GRAND TOTAL												

Employee's Comments and Certification

<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
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Supervisor's Comments and Certification

<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
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