



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.						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.						Regular Hours			
Employee _____						Date _____						Overtime Hours			
Supervisor _____						Date _____						Premium Hours			
Project Director _____						Date _____						Total			
		Hours				Hours				Hours		Hours			
Award/Project		Reg	OT	Prem	Award/Project		Reg	OT	Prem	Award/Project		Reg	OT	Prem	Total Hours