

BIWEEKLY 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 100% on the award 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								
<u>Award/Project</u>			<u>Hours</u>			<u>Award/Project</u>			<u>Hours</u>			<u>Award/Project</u>			<u>Hours</u>			<u>Total Hours</u>	
Leave		Vacation		Sick		Personal		Other		Leave w/o Pay		Notes							
Time Used																			
Time Accrued																			
Balance																			