



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: Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge. Employee _____ Date _____ Supervisor _____ Date _____ Project Director _____ Date _____										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.					Summary				
										Regular Hours									
										Overtime Hours									
										Premium Hours									
										Total									

Hours				Hours				Hours				Hours				Total Hours
Award/Project	Reg	OT	Prem	Award/Project	Reg	OT	Prem	Award/Project	Reg	OT	Prem	Award/Project	Reg	OT	Prem	