



BIWEEKLY ATTENDANCE REPORT

Name _____ Dept. _____ Employee No: _____

Pay Period - From: _____ TO: _____

									<i>Earned</i>				<i>Used</i>				Total Hours	
	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Regular Hours	Regular O.T	Premium O.T.	Holiday Comp	Vac	SL	PL		Hol
Sat																		
Sun																		
Mon																		
Tue																		
Wed																		
Thu																		
Fri																		
Sat																		
Sun																		
Mon																		
Tue																		
Wed																		
Thu																		
Fri																		
Total columns 1 through 8 for Grand Total										Totals								
										1	2	3	4	5	6	7	8	Grand Total

Accrual Summary	Vacation	Sick	Personal	Holiday
	Leave	Leave	Leave	Leave
Balance Brought Forward				
Charges This Period				
Sub-Total				
Accruals Earned				
Balance End of Period				

Distribution of Effort	
<u>Account</u>	<u>% of Time</u>

Certifications:

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(s) noted.

Employee: _____ Date: _____

Supervisor/Project Director: _____ Date: _____