

DAILY TIME RECORD

DAILY TIME RECORD

(NAME)

(NAME)

For the Month of _____ 202__

For the Month of _____ 202__

Official Hours for Reg. Days _____

Official Hours for Reg. Days _____

Arrival and Departure Saturdays _____

Arrival and Departure Saturdays _____

D A Y	A.M.		P.M.		OVERTIME	
	Arr.	Dep.	Arr.	Dep.	Arr.	Dep.
1						
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3						
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27						
28						
29						
30						
31						

D A Y	A.M.		P.M.		OVERTIME	
	Arr.	Dep.	Arr.	Dep.	Arr.	Dep.
1						
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26						
27						
28						
29						
30						
31						

TOTAL _____

TOTAL _____

I certify on my honor that the above is true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

I certify on my honor that the above is true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Official or Employee

Official or Employee

VERIFIED as to the prescribed hours.

VERIFIED as to the prescribed hours.

Immediate Supervisor

Immediate Supervisor