



U.S. Department of State

TIME AND ATTENDANCE

Name _____ Pay Period _____

Day	Date	Last		First		Middle		AL	SL	CU	CW	Other	LW	ND	SD	HP	OT
		Start Time	End Time	RD	TW												
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	

Period Totals:

Employee Comments	Employee certifies that regular, leave taken, and premium hrs. worked is accurate, and is in keeping with Department regulations.		
	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.		Date (mm-dd-yyyy)
Supervisor Comments	Supervisor Action and Certification		
	Supervisor Action _____	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.	Date (mm-dd-yyyy)
	Time Keeper Certification		
	<input type="checkbox"/> By checking this box, I, _____, certify that I am the individual submitting this document.		Date (mm-dd-yyyy)