U.S. Department of State

TIME AND ATTENDANCE

Name

Last _____ First _____ Middle _____

Pay Period (Make a selection)

Day	Date	Start Time	End Time	RD	TW		AL	SL	CU	CW	Other		LW	ND	SD	HP	OT
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.

☐ By checking this box, I, _____ , certify that I am the individual submitting this document.

Date *(mm-dd-yyyy)*

Supervisor Action and Certification

Supervisor Comments

Supervisor Action (Select)

☐ By checking this box, I, _____ , certify that I am the individual submitting this document.

Date *(mm-dd-yyyy)*

Time Keeper Certification

☐ By checking this box, I, _____ , certify that I am the individual submitting this document.

Date *(mm-dd-yyyy)*

DS-4151
09-2025