

U.S. Department of State

NOTICE OF TRANSFER OF LABOR CHARGES

Name of Employee (Last, First, MI)				Pay Period				
First Week					Benefiting Organization			
Day		Hours in Pay Status			Appropriation	Allotment	Object	Organization
		Number of Hours Worked	From	То				
Sunday								
Monday					Approving Officer's Certification (Benefiting Organization)			
Tuesday					By checking this box, I,, certify that I am the individual submitting this document.			
Wednesday								
Thursday					Approver Certification Date (mm-dd-yyyy)			
Friday								
Saturday					Timekeeper's Certification			
Second Week				(Parent Organization)				
Sunday					By checking this box, I,, certify that			
Monday					I am the individual submitting this document.			
Tuesday					Timekeeper Certification Date (mm-dd-yyyy)			
Wednesday	ednesday							
Thursday								
Friday					Organization Number Allotment Number		umbor	
Saturday					Allother Number			umbei
Pay Peri	od Total							
				INSTRU	JCTIONS			
When an em	ployee perfo	rms work to be charg	ged to another	office:				
a) Bene when w	efiting Organi ork has beer	zation <u>(the office to b</u> n completed. Separat	<u>pe charged)</u> co te card must b	ompletes card, so e completed for	signs and gives to the empressions and gives to the empression.	oloyee before the	end of the pay p	eriod or
b) <u>Emp</u>	loyee takes o	card to regular timeke	eeper.					
c) <u>Emp</u>	loyee's regula	ar timekeeper record	s time worked	on the employe	ee's regular T & A card, si	gns.		
d) Timekeeper batches transfer of labor cards separately and submits to BF/FS for processing.								

DS-7603 12-2023