DI-502G (8-94)

A61

DATA TYPE	SSN	PAY PERIOD	DEPT	BUR	SUB BUR	BLK	ORGANIZATION CODE

PREPRINT HOURS CODE

TIME AND ATTENDANCE REPORT

PP END DATE	TK CD	EMPLOYEE NAME

HRS CD	S C	A R	WK IND	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	WK IND	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	COST STRUCTURE KEY	COST STRUCTURE NUMBER
				HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN		HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN		
			1									2										
			1									2										
			1									2										
			1									2										
			1									2										
			1									2										
			1									2										
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			1									2										
			1									2										
			1									2										
			1									2										

These two lines are reserved for messages from timekeepers to payroll

DAILY TOTALS

PAY PERIOD TOTALS

LEAVE / OVERTIME: FROM / TO / FROM / TO / INITIAL

I certify that the time and attendance reported above is correct, and is authorized in accordance with applicable statues and regulations.

_________ O.T. HRS/MIN. _________ CREDIT/COMP. HRS/MIN. _________ NONE

_________ TIME OFF AWARD HOURS

CERTIFIED CORRECT ____________________ SUPERVISOR

LEAVE STATUS AS OF	ANNUAL	SICK	TYPE	BALANCE
			COMP TIME	
CURRENT BAL.			LWOP USED LYTD	
ADV. BAL.			RESTORED	
TOTAL AVAIL.			HOME/SHORE LV.	
PROJ. YEAR END			MIL. LV. USED YTD	
USE/LOSE			CREDIT HRS.	
			TIME OFF AWARD	

REMARKS TO TIMEKEEPER