



U.S. Department of State

TIME AND ATTENDANCE 2023

Name _____

Pay Period _____ (Make a selection)

	Last	First	Middle													
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:				0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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 Action and Certification														
Supervisor Comments	Supervisor Action (Select) _____										<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)	