

TIME AND ATTENDANCE (T&A) RECORD														<input type="checkbox"/> NEW EMPLOYEE				<input type="checkbox"/> CORRECTION				PAY PERIOD ENDING																	
FROM:														TO:														TELEPHONE NUMBERS											
																												OFFICE (703) 767-7698 DSN 427-7698						FAX MACHINE (703) 767-7697 DSN 427-7697					
INDIVIDUAL'S NAME										SOCIAL SECURITY NUMBER						ACTIVITY CODE				ORGANIZATION																			
	REGULAR		PREMIUM PAY HOURS WORKED												ANN. LV.		SICK LV.		OTHER ACTION																				
	HRS.	MIN.	CD	HRS.	MIN.	ENV %	CD	HRS.	MIN.	ENV %	CD	HRS.	MIN.	ENV %	HRS.	MIN.	HRS.	MIN.	CD	HRS.	MIN.	CD	HRS.	MIN.															
SUNDAY																																							
MONDAY																																							
TUESDAY																																							
WEDNESDAY																																							
THURSDAY																																							
FRIDAY																																							
SATURDAY																																							
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WEDNESDAY																																							
THURSDAY																																							
FRIDAY																																							
SATURDAY																																							
TOTAL																																							
SIGNATURE OF SUPERVISOR														TELEPHONE NUMBER COMMERCIAL () DSN										DATE SUBMITTED															