



**HOURLY ATTENDANCE REPORT**

SSN			Del. Drop			Dept.			Pay Period From					To	
Name						Assignment #:									
Day	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Date															
In															
Out															
In															
Out															
<b>Overtime</b>															
In															
Out															
Total															
<b>CERTIFICATIONS:</b> Employee: I certify that the above time and attendance information is true and complete to the best of my knowledge.  Employee _____ Date _____  Supervisor _____ Date _____  Project Director _____ Date _____											<b>Summary</b>				
											Regular Hours				
											Overtime Hours				
											Premium Hours				
											Total				
<b><u>Project</u></b>			<b><u>Task</u></b>			<b><u>Award</u></b>			<b><u>%</u></b>			<b><u>Total Hours</u></b>			

\*\*After 6 consecutive hours you must take a 30 minute break, which should be reflected on your timesheet.