

DAILY TIME RECORD

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Gaid, Wilma
(Name)

For the month of ____-____

Official hours for arrival and departure {Regular days_____

Day	A.M.		P.M.		Under-time	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1	Sunday					
2						
3						
4	07:45	12:04	12:42	05:02		
5						
6	07:39	12:01	12:55	05:05		
7	Saturday					
8	Sunday					
9						
10						
11						
12	07:41			05:02		
13	07:37	12:02	12:51			
14	Saturday					
15	Sunday					
16	07:50			05:00		
17	07:44					
18	08:07	12:03	12:41	05:01		
19	07:57			05:02		
20	07:50			05:07		
21	Saturday					
22	Sunday					
23						
24						
25						
26	07:46	12:02	12:39	05:01		
27	07:51	12:09	12:39	05:00		
28	Saturday					
29	Sunday					
30						

TOTAL_____

I CERTIFY *on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.*

Verified as to the prescribed office hours.

(See instructions on back)

In Charge