



Employee/Consultant Name:
Period From:

Pranab Khanal	1/15/17	To:	1/14/17
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IMPORTANT: Complete information accurately to ensure prompt processing.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL
Client Billable Hours - DCHBX	1/15	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	
Additional Billable Hours (exempt only)	0.00	0.00	8.00	8.00	8.00	0.00			8.00	8.00	8.00	8.00	8.00		64.00
Overtime (non-exempt ONLY)															
Paid Time Off (PTO)															
Holiday (H)															
Leave W/O Pay (LWOP)															
DAILY TOTAL	0.00	0.00	8.00	8.00	8.00	0.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	64.00
Grand Total:															64.00

Employee's Signature:  Date: 01 / 30 / 2017

Approval Signature: _____ Date: ____ / ____ / ____