



Employee/Consultant Name:  
Period From:

Pranab Khanal  
1/1/17 To: 1/14/17

**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	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	
Additional Billable Hours (exempt only)	0.00	0.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		72.00
Overtime (non-exempt ONLY)															
Paid Time Off (PTO)															
Holiday (H)															
Leave W/O Pay (LWOP)															
<b>DAILY TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>0.00</b>	<b>72.00</b>
<b>Grand Total:</b>															<b>72.00</b>

Employee's Signature:  Date: 01 / 17 / 2017

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_