DAILY TIME RECORD						EMPLOYEE NUMBER		
NAME:								
POSITION:								
OFFICIAL HOURS:								
PAY PERIOD:								
SERVICE:								
D	A.M.		P.M.		UNDERTIME		OVERTIME	
A Y	ARRIVAL	DEPAR- TURE	ARRIVAL	DEPAR- TURE	HOURS	MIN- UTES	HOURS	MIN- UTES
1								
2								
3								
4								
5 6								
7								
8								
9								
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29 30								
31								
I CERTIFY ON MY HONOR THAT THE ABOVE IS A TRUE AND CORRECT REPORT OF THE HOURS OF WORK PERFORMED OF WHICH WAS MADE DAILY AT THE TIME OF ARRIVAL AND DEPARTURE FROM OFFICE								
SIGNATURE								
CERTIFIED BY:								
SIGNATURE OVER PRINTED NAME								