EMPLOYEE ID	BLK/GRP	ACT	ORG	EMPLOYEE NAME	PLT ROT	PERIOD ENDING	SEQ NO
-7164							

STD JON	HRS WORK	TDC

	AWS	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT
TOUR															
TYP/SFT			RG 0	RG 0	RG 0	RG 0	RG 0			RG 0	RG 0	RG 0	RG 0	RG	
GRADED ND															

WEEK	DAY	TYPE HOUR	HOURS	JOB ORDER NUMBER	E/H OTH	LST HR	TEM SFT	NIGHT DIFF	INJ NUM	START TIME	INIT

REG	OT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV

WK1	IN	OUT	IN	OUT	IN	OUT	WK2	IN	OUT	IN	OUT	IN	OUT
SUN							SUN						
MON							MON						
TUE							TUE						
WED							WED						
THU							THU						
FRI							FRI						
SAT							SAT						

REMARKS:

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

PRINT SAVE AS RESET FORM