

**ALTERNATE WORK SCHEDULE TIME RECORD**

*(ER 37-2-10)*

NAME <i>(Last, First, MI)</i> :	ORGANIZATION <i>(Include Office Symbol)</i>	PAY PERIOD FROM: _____ TO: _____
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DATE	DAY OF WEEK	CLOCK TIME						TOTAL HOURS WORKED (1)	NON-PREMIUM PAY HOURS							PREMIUM PAY HOURS			CREDIT HOURS			
		IN	OUT	IN	OUT	IN	OUT		REG PAY HOURS WORKED	HOLIDAY	ANNUAL LEAVE	SICK LEAVE	COMP TIME USED	OTHER LEAVE		PAID OVERTIME	COMP TIME EARNED	PAID HOLIDAY	NON-PAY HOURS (AWOL-LWOP)	EARNED	USED	RUNNING BAL. BAL. FWD.
														TYPE	HOURS							
	SUN																					
	MON																					
	TUE																					
	WED																					
	THUR																					
	FRI																					
	SAT																					
TOTAL WEEK #1																						
	SUN																					
	MON																					
	TUE																					
	WED																					
	THUR																					
	FRI																					
	SAT																					
TOTAL WEEK #2																						

(1) HOURS WORKED WILL BE ROUNDED DOWNWARD TO THE COMPLETE QUARTER HOUR SEGMENT ACTUALLY WORKED.

(2) TOTAL NON-PREMIUM PAY HOURS IN EXCESS OF THE DAILY WORK REQUIREMENT ARE CREDIT HOURS EARNED AND THOSE LESS THAN THE DAILY WORK REQUIREMENT ARE CREDIT HOURS USED UNLESS THE PERIOD OF ABSENCE IS CHARGED AS NON-PAY HOURS (AWOL-LWOP)

I CERTIFY THAT THE ABOVE TIME RECORD IS ACCURATE <i>(Employee's Signature):</i>	APPROVED <i>(Supervisor's Signature):</i>	POSTED TO TIME & ATTENDANCE REPORT <i>(Timekeeper's Signature):</i>
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