

EXAMPLE Weekly Time and Attendance Record

NAME: _____ JOB TITLE: _____
Last First

DIVISION: _____ Work Group: _____

Employee ID: _____ Week Ending: _____

CODE DESCRIPTION ALLOCATION	CODE No.	%
Supportive Svcs. , Senior Companion 06'	A	25%
Healthcare, Boston Elders Outreach 06'	B	25%
Food Svcs, State Elder Lunch Program 06'	C	25%
Grief Services, Federal Elder Support 06'	D	25%
Total		100%

	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL
IN			9		9	9	9	
OUT			5		5	5	5	
IN								
OUT								
HOURS WORKED			8	0	8	8	8	40

CODE No.	TIME ALLOCATION VARIANCES	TIME DISTRIBUTION (HOURS)							TOTAL
A	Supportive Svcs. , Senior Companion 06'			2			2	2	10
B	Healthcare, Boston Elders Outreach 06'			2			2	2	10
C	Food Svcs, State Elder Lunch Program 06'			2		8	2	2	10
D	Grief Services, Federal Elder Support 06'			2			2	2	10
	Flex Time								
	Personal								
	Sick								
	Vacation				8				
	Comp. Time Used								
	Holiday								
	TOTAL			8	8	8	8	8	40
	Comp. Time Earned (Supervisor's Initials)								
	Time W/O Pay (Supervisor's Initials)								

Certified _____ Approved _____
Employee's Signature Supervisor's Signature