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ALTERNATE WORK SCHEDULE TIME RECORD

For use of this form, see ER 37-2-10; the proponent agency is CERM-FC

NAME *(Last, First MI.)*	ORGANIZATION *(Include Office Symbol)*	PAY PERIOD *(DD-MMM-YY)* FROM TO

DATE *(DD-MMM-YY)*	DAY OF WEEK	CLOCK TIME *(0001-2400 hours)*						TOTAL HOURS WORKED *(1)*	NON-PREMIUM PAY HOURS								PREMIUM PAY HOURS			NON-PAY HOURS *(AWOL-LWOP)*	CREDIT HOURS		
		IN	OUT	IN	OUT	IN	OUT		REG PAY HOURS WORKED	HOLIDAY	ANNUAL LEAVE	SICK LEAVE	COMP TIME USED	OTHER LEAVE TYPE	OTHER LEAVE HOURS	TOTAL *(2)*	PAID OVERTIME	COMP TIME EARNED	PAID HOLIDAY		EARNED	USED	RUNNING BALANCE / BALANCE FORWARD
	SUN																						
	MON																						
	TUE																						
	WED																						
	THU																						
	FRI																						
	SAT																						
TOTAL WEEK #1																							
	SUN																						
	MON																						
	TUE																						
	WED																						
	THU																						
	FRI																						
	SAT																						
TOTAL WEEK #2																							
PAY PERIOD TOTALS																							

(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 *(Employees Signature)*	APPROVED *(Supervisor's Signature)*	POSTED TO TIME AND ATTENDANCE REPORT *(Timekeeper's Signature)*

ENG FORM 4704, MAY 1981 PREVIOUS EDITIONS ARE OBSOLETE.