FEDERAL PROGRAMS
MONTHLY TIME AND ATTENDANCE REPORT

Name First/Last _____ **Title** _____ **Month** _____ **Year** _____

Signature _____ **Supervisor's Initial** _____

DIRECT TIME	**Account for all time worked per day. * * (Minimum of 1/4 hour increments)**																														**TOTAL**
PROGRAM NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	**HOURS**
SUBTOTAL																																
INDIRECT TIME																																
Annual Leave																																
Comp Time Taken																																
Sick Leave																																
Holiday																																
Training																																
Other -																																
Other -																																
SUBTOTAL																																
GRAND TOTALS																																

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