

ALASKA DEPARTMENT OF CORRECTIONS

Time & Attendance Report

OVERTIME ELIGIBLE EMPLOYEES

Name: «LastName», «FirstName»

EMP#: «EMP»

Pay Period Ending Date: _____

Institution: _____

Job Title: «JobTitle»

Payroll RD: _____

Pay Type: Salaried Hourly PFT PPT Seasonal Non-Perm

Overtime Exempt: YES NO Bargaining Unit: GGU SU LTC GC EX/PX EE

Shift: «Shift»

Record Start/Stop times in military format: 12:00 AM = 0000; Midnight = 24:00. If you work past midnight, stop at 24:00 and start at 00:00 the next day.

Day	Date	Start Work	Stop Work	Start Work	Stop Work	Start Work	Stop Work	Regular Hours	Leave Hours	Holiday	1.0 OT	1.5 OT	Swing	Swing OT	Grave	Grave OT	Holiday OT			Other	Totals	Comments	
Thur	07/16	0600	1800					12															
Fri	07/17	0600	1800					12															
Sat	07/18	0600	1800					12															
Sun	07/19	0600	1800					12															
Mon	07/20	1000	1800					8	4														Please "Flex" the work week.
Tues	07/21	0600	1800					12															
Wed	07/22	0600	2200					16															
Thur	07/23																						
Fri	07/24																						
Sat	07/25																						
Sun	07/26																						
Mon	07/27																						
Tues	07/28																						
Wed	07/29																						
Thur	07/30																						
TOTALS								84													84		
Earning Code		100	165	107	250	251	280	260	290	270	249												

LEAVE COLUMN:
 A = Annual/160
 S = Sick/150
 P = Personal/165
 C = Court/195
 O = Other
 Attach copy of leave slip

We certify that the hours worked and leave information provided above is true and correct.

Employee Signature: _____

CC/PR/LC _____ %

Supervisor Signature: _____

CC/PR/LC _____ %

Approving Officer: _____

CC/PR/LC _____ %

Final determination of pay type and rate of compensation will be made by the Department of Administration

For AKPAY Operator:
Batch # _____
Number of Lines: _____
Certified: _____
Date: _____

«Mailbox»