

NONAPPROPRIATED FUNDS TIME AND ATTENDANCE SUPPLEMENT REPORT

TOUR OF DUTY		SH DAY	AWOP			OTH LV HRS/ DAYS		MIL DYS	LV AC CD	ENV/HAZ PAY				RESTORED LEAVE			BRAC I V	COMPENSATORY HRS LV WRKD TAKEN	
FROM	TO		CD	CD	HRS	CD	CD			CD	HRS	CD	HRS	ACCT 1	ACCT 2	ACCT 3		WRKD	TAKEN
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
FIRST WEEK TOTAL																			
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
SECOND WEEK TOTAL																			
PAY PERIOD TOTAL																			

REMARKS

CERTIFIED CORRECT AS
TO ALL TIME WORKED
AND LEAVE TAKEN
THROUGH THE END OF
THIS TIME PERIOD.

SUPERVISOR'S SIGNATURE

SUPERVISOR'S NAME PRINTED

PHONE

CYC	INSL	WORK CENTER	SSN	DUAL	EMPLOYEE NAME	PAY PERIOD
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