

**U.S. Army Corps of Engineers
ALTERNATE WORK SCHEDULE TIME RECORD**

For use of this form, see ER 37-1-30; the proponent agency is CEFC-ZP.

NAME (Last, First MI.) _____ ORGANIZATION (Include Office Symbol) _____ PAY PERIOD FROM _____ TO _____

| DATE (DD-MMM-YY) | DAY OF WEEK | CLOCK TIME (0001-2400 hours) | | | | | | TOTAL HOURS WORKED (1) | REG PAY HOURS WORKED | SHIFT CODE | ENTER WORK CODE | | | | NON-PREMIUM PAY HOURS | | | | | REMARKS (HOURS) TAKEN | TOTAL (2) | SUNDAY PREMIUM | PREMIUM PAY HOURS | | | NON-PAY HOURS (AWOL-LWOP) FURLOUGH | REMARKS (HOURS) EARNED | CREDIT HOURS | | TRAVEL COMP TIME | | | | | |
|----------------------|-------------|------------------------------|-----|----|-----|----|-----|------------------------|----------------------|------------|-----------------|--------------|------------|----------------|-----------------------|---------------|------------------|--------------|--------|-----------------------|-----------|----------------|-------------------|--------|------|------------------------------------|------------------------|--------------|--|------------------|--|--|--|--|--|
| | | IN | OUT | IN | OUT | IN | OUT | | | | HOLIDAY | ANNUAL LEAVE | SICK LEAVE | COMP TIME USED | OTHER LEAVE | PAID OVERTIME | COMP TIME EARNED | PAID HOLIDAY | EARNED | | | | USED | EARNED | USED | | | | | | | | | | |
| | SUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | THU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FRI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL WEEK #1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | THU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FRI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL WEEK #2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

- (1) Any leave taken representing a partial day of leave must reflect clock hours taken in remarks column.
- (2) Any Non-Pay Hours must reflect what type of non-leave taken in the remarks column.

I CERTIFY THAT THE ABOVE TIME RECORD IS ACCURATE
(Employee's Signature)

APPROVED *(Supervisor's Signature)*

POSTED TO TIME AND ATTENDANCE REPORT
(Timekeeper's Signature)