WEST VIRGINIA DEPARTMENT OF AGRICULTURE

TIME AND ATTENDANCE REPORT

DATE	SAT.	SUN.	MON.	TUES.	WED.	THUR.	FRI.	LEAVE USED*	OVER-TIME**	COMP TIME**	TOTAL HOURS
IN											
OUT											
HOURS WORKED											

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IN											
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IN											
OUT											
HOURS WORKED											

DIVISION _____

EMPLOYEE _____

TITLE _____

SOC. SEC. NO. _____

PAY PERIOD From _____ to _____ (Date)

COMMENTS:

EMPLOYEE: _____
Signature

SUPERVISOR: _____
Signature

*Please indicate:
A—Annual
B—Bereavement
C—Compensatory
F—Family Leave
H—Holiday
J—Court/Jury Duty
M—Military
S—Sick
WC—Workers' Comp

**Prior approval required for compensatory and overtime.

Copies: **White**—Office; **Yellow**—Employee *(after approval)*.