

## 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	CD	CD	HRS	CD	HRS	ACCT 1	ACCT 2	ACCT 3			
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
<b>FIRST WEEK TOTAL</b>																			
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
<b>SECOND WEEK TOTAL</b>																			
<b>PAY PERIOD TOTAL</b>																			

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	DIAL	EMPLOYEE NAME	PAY PERIOD
-----	------	-------------	-----	------	---------------	------------