



DAILY TIME REPORT

BA Form P11 Rev 8/81 This report must be kept for a period of three years.
11-48-4290

Name Printed Last _____ First _____ M _____ FOR TWO WEEK PERIOD BEGIN _____ END _____

Account	Shift	Code for ABS Hrs.	Totals		Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.	
			Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T	Hrs.	O/T
Comp Time Used		O																
Holiday		H																
Vacation		V																
Sick Leave		S																
Totals																		
Comp Time Earned																		
Account		Code	Totals		Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.	
Comp Time Used		O																
Holiday		H																
Vacation		V																
Sick Leave		S																
Totals																		
Comp Time Earned																		

Employee Signature _____ Departmental Approval _____

