Attendance Report

Name: CIVAD Carole Wright
Pay Period: 08/11/2024 - 08/24/2024

Department No.
Employee No. WRIGHC01
Payroll No.

Date	Start	End	Total	Explanation
08/11/2024		Off	0.00	Reg Day Off
08/12/2024	08:00	16:00	8.00	
08/13/2024	08:00	16:00	8.00	
08/14/2024	08:00	16:00	8.00	
08/15/2024	08:00	16:00	8.00	
08/16/2024	08:00	16:00	8.00	
08/17/2024		Off	0.00	Reg Day Off
08/18/2024		Off	0.00	Reg Day Off
08/19/2024	08:00	16:00	8.00	
08/20/2024	08:00	16:00	8.00	
08/21/2024	08:00	16:00	8.00	
08/22/2024	08:00	16:00	8.00	
08/23/2024	08:00	16:00	8.00	
08/24/2024		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**

Extra Duty				
Date	**In**	**Out**	**Total**	**Explanation**

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		80	80	0	0.00

Prior Period				
Date	**Start**	**End**	**Total**	**Explanation**

Closed Period Adjustments				
Date	**Start**	**End**	**Total**	**Explanation**

This is to certify that the above report is a true statement of attendance.

CIVAD Carole Wright

Signature of Employee (08/23/2024 09:53:38 cwright)

This is to certify that I have reviewed the above report and find it to be in order.

Signature of Supervisor

This is to certify that I have reviewed the above report and find it to be in order.

Signature of Department Head

Attendance Report

Name: CIVAD Carole Wright
Pay Period: 07/28/2024 - 08/10/2024

Department No.
Employee No. WRIGHC01
Payroll No.

Date	Start	End	Total	Explanation
07/28/2024		Off	0.00	Reg Day Off
07/29/2024	08:00	16:00	8.00	
07/30/2024	08:00	16:00	8.00	
07/31/2024	08:00	16:00	8.00	
08/01/2024	08:00	16:00	8.00	
08/02/2024	08:00	16:00	8.00	
08/03/2024		Off	0.00	Reg Day Off
08/04/2024		Off	0.00	Reg Day Off
08/05/2024	08:00	16:00	8.00	
08/06/2024	08:00	16:00	8.00	
08/07/2024	08:00	16:00	8.00	
08/08/2024	08:00	16:00	8.00	
08/09/2024	08:00	16:00	8.00	
08/10/2024		Off	0.00	Reg Day Off

Details

Date	Start	End	Total	Explanation

Extra Duty

Date	In	Out	Total	Explanation

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		80	80	0	0.00

Prior Period

Date	Start	End	Total	Explanation

Closed Period Adjustments

Date	Start	End	Total	Explanation

This is to certify that the above report is a true statement of attendance.

CIVAD Carole Wright

Signature of Employee (08/09/2024 14:14:49 cwright)

This is to certify that I have reviewed the above report and find it to be in order.

Signature of Supervisor

This is to certify that I have reviewed the above report and find it to be in order.

Signature of Department Head