Attendance Report

Name: Name

Pay Period: Pay Period -

Department No. Department No.

Employee No. Employee No.

Payroll No. Payroll No.

Date	In	Out	Total	Explanation

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours

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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: PTL Rene Godfrey

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 565

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		0.00	0.00	0.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: Name

Pay Period: Pay Period -

Department No. Department No.

Employee No. Employee No.

Payroll No. Payroll No.

Date	In	Out	Total	Explanation

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours

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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: COM Noah Leitstein

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 432

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		0.00	0.00	0.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: Name

Pay Period: Pay Period -

Department No. Department No.

Employee No. Employee No.

Payroll No. Payroll No.

Date	In	Out	Total	Explanation

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours

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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: SGT Eric Bakay

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 529

Payroll No. 0000001691

Date	In	Out	Total	Explanation
10/24/2021	06:00	18:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	06:00	18:00	12.00	
10/28/2021	06:00	18:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	12 Vacation Day
11/02/2021	06:00	18:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	06:00	18:00	12.00	
11/06/2021	06:00	18:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
11/01/2021	06:00	18:00	12.00	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		72.00	84.00	0.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: PTL Shawn Bruton

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 415

Payroll No. 0000009050

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	08:30	16:30	8.00	
10/26/2021	08:30	16:30	8.00	
10/27/2021	08:30	16:30	8.00	
10/28/2021	08:30	16:30	8.00	
10/29/2021	08:30	16:30	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	08:30	16:30	8.00	
11/02/2021	08:30	16:30	8.00	
11/03/2021	08:30	16:30	8.00	
11/04/2021	08:30	16:30	8.00	
11/05/2021	08:30	15:30	7.00	1 Comp Time
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	16:30	19:30	3.00	Investigation @1.5Cash
10/27/2021	16:30	20:30	4.00	Investigation @1.5Cash
11/04/2021	16:30	20:00	3.50	Investigation @1.5Cash
11/05/2021	15:30	16:30	1.00	Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		79.00	80.00	10.50	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: PTL John Cain

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 552

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	18:00	03:45	6.75	3 Vacation Day/2.25 Comp Time
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	18:00	06:00	12.00	
10/28/2021		Off	0.00	12 Vacation Day
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	18:00	06:00	12.00	
11/02/2021	18:00	06:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	18:00	06:00	12.00	
11/06/2021	18:00	06:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/24/2021	00:45	03:45	3.00	Vacation Day
10/24/2021	03:45	06:00	2.25	Comp Time
10/28/2021	18:00	06:00	12.00	Vacation Day
11/06/2021	06:00	07:00	1.00	Other @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		66.75	84.00	1.00	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.

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

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

_____

Signature of Employee

_____

Signature of Supervisor

_____

Signature of Dept Head

Attendance Report

Name: LT Christopher Clifton
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 533
Payroll No. 0000001431

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	10:00	18:00	8.00	
10/26/2021	07:00	15:00	8.00	
10/27/2021	05:00	07:00	2.00	1 Vacation Day
10/28/2021	07:00	20:00	10.50	2.5 Sick Day
10/29/2021	07:00	15:00	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	07:00	15:00	8.00	
11/02/2021	07:00	15:00	8.00	
11/03/2021	0500 0700	0600 1400	8.00	Split Shift
11/04/2021	08:00	16:00	8.00	
11/05/2021	07:00	09:00	2.00	6 Vacation Day
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/27/2021	07:00	08:00	1.00	Vacation Day
10/27/2021	07:00	17:00	10.00	QUASI - REGULAR @1.5Cash
10/28/2021	08:30	11:00	2.50	Sick Day
11/04/2021	16:00	21:00	5.00	QUASI - REGULAR @1.5Cash
11/05/2021	09:00	15:00	6.00	QUASI - REGULAR @1.5Cash
11/05/2021	09:00	15:00	6.00	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		70.50	80.00	21.00	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.

Signature of Employee

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 Dept Head

Attendance Report

Name: LT Thomas Egan

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 538

Payroll No. 0000000019

Date	In	Out	Total	Explanation
10/24/2021	18:00	06:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021		Off	0.00	12 HOLIDAY (ADMINISTRATION)
10/28/2021	18:00	06:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	18:00	06:00	12.00	
11/02/2021	18:00	06:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	06:00	14:00	8.00	4 Schedule Comp Time
11/06/2021	18:00	06:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/27/2021	18:00	06:00	12.00	HOLIDAY (ADMINISTRATION)
10/27/2021	07:00	17:00	10.00	QUASI - REGULAR @1.5Cash
11/04/2021	08:00	16:00	8.00	QUASI - REGULAR @1.5Cash
11/05/2021	14:00	18:00	4.00	Schedule Comp Time
11/06/2021	06:00	07:00	1.00	Other @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		68.00	84.00	19.00	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.

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

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

Signature of Employee

Signature of Supervisor

Signature of Dept Head

Attendance Report

Name: SGT Michael Farrell

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 534

Payroll No. 0000004051

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	06:00	18:00	12.00	
10/26/2021	06:00	18:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	06:00	18:00	12.00	
10/30/2021	06:00	18:00	12.00	
10/31/2021	06:00	18:00	12.00	
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	06:00	15:00	8.50	0.5 Comp Time/3 Vacation Day
11/04/2021	06:00	18:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
11/02/2021	07:00	15:00	8.00	Elections @1.5Cash
11/03/2021	15:00	18:00	3.00	Vacation Day
11/03/2021	14:30	15:00	0.50	Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		80.50	84.00	8.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: SGT Peter Galazka
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 531
Payroll No. 0000001731

Date	In	Out	Total	Explanation
10/24/2021	18:00	06:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021		Off	0.00	12 Sick Day
10/28/2021		Off	0.00	12 Sick Day
10/29/2021	18:00	06:00	12.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	21:00	06:00	9.00	3 Vacation Day
11/02/2021	18:00	06:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	18:00	06:00	12.00	
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	08:00	12:00	4.00	QUASI - REGULAR @1.5Cash
10/27/2021	18:00	06:00	12.00	Sick Day
10/28/2021	18:00	06:00	12.00	Sick Day
11/01/2021	18:00	21:00	3.00	Vacation Day
11/01/2021	08:00	15:00	7.00	QUASI - REGULAR @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		57.00	84.00	11.00	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.

Signature of Employee

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 Dept Head

Attendance Report

Name: COM Dora Haines
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 430
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	18:00	06:00	12.00	
10/25/2021	18:00	22:00	4.00	
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	18:00	06:00	12.00	
10/28/2021	18:00	06:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	22:00	06:00	8.00	
11/02/2021	18:00	06:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	22:00	06:00	8.00	
11/06/2021	18:00	06:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/30/2021	18:00	22:00	4.00	Desk Coverage @1.5Cash
10/31/2021	18:00	06:00	12.00	Desk Coverage @1.5Cash
11/06/2021	06:00	07:00	1.00	Other @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		80.00	80.00	17.00	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.

_____
Signature of Employee

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 Dept Head

Attendance Report

Name: SGT Wayne Haugh
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 537
Payroll No. 0000000012

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	08:00	15:00	7.00	1 Comp Time
10/26/2021	08:00	16:00	8.00	
10/27/2021	08:00	16:00	8.00	
10/28/2021		Off	0.00	8 Comp Time
10/29/2021	08:00	16:00	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	08:00	16:00	8.00	
11/02/2021	08:00	15:30	7.50	0.5 Comp Time
11/03/2021	08:00	16:00	8.00	
11/04/2021		Off	0.00	8 Vacation Day
11/05/2021	08:00	16:00	8.00	
11/06/2021		Off	0.00	Reg Day Off

Details

Date	Start	End	Total	Explanation
10/25/2021	15:00	16:00	1.00	Comp Time
10/26/2021	18:30	21:30	3.00	QUASI - SCHOOL @1.5Cash
10/28/2021	08:00	17:00	9.00	QUASI - REGULAR @1.5Cash
10/28/2021	08:00	16:00	8.00	Comp Time
10/31/2021	16:00	20:00	4.00	Overtime Special Event @1.5Cash
11/01/2021	16:00	18:00	2.00	Other @1.5Time
11/02/2021	15:30	16:00	0.50	Comp Time
11/04/2021	08:00	16:00	8.00	Vacation Day
11/04/2021	08:00	16:00	8.00	QUASI - REGULAR @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		62.50	80.00	26.00	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.

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

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

Signature of Employee *Signature of Supervisor* *Signature of Dept Head*

Attendance Report

Name: PTL Shane Heisler
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 559
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	08:30	16:30	8.00	
10/26/2021	08:30	16:30	8.00	
10/27/2021	08:30	16:30	8.00	
10/28/2021	08:30	14:30	6.00	2 Comp Time
10/29/2021	08:30	15:30	7.00	1 Comp Time
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	08:30	16:30	8.00	
11/02/2021	08:30	16:30	8.00	
11/03/2021	08:30	16:30	8.00	
11/04/2021		Off	0.00	8 Comp Time
11/05/2021		Off	0.00	8 Comp Time
11/06/2021		Off	0.00	Reg Day Off

Details

Date	Start	End	Total	Explanation
10/26/2021	16:30	20:00	3.50	Other @1.5Time
10/27/2021	16:30	20:00	3.50	Other @1.5Time
10/28/2021	14:30	16:30	2.00	Comp Time
10/29/2021	15:30	16:30	1.00	Comp Time
11/02/2021	07:00	08:30	1.50	Other @1.5Time
11/04/2021	08:30	16:30	8.00	Comp Time
11/05/2021	08:30	16:30	8.00	Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		61.00	80.00	8.50	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.

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

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

_____ *Signature of Employee*

_____ *Signature of Supervisor*

_____ *Signature of Dept Head*

Attendance Report

Name: PTL Matthew Hill

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 546

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	06:00	18:00	12.00	
10/26/2021	06:00	18:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	06:00	18:00	12.00	
10/30/2021	06:00	18:00	12.00	
10/31/2021	18:00	06:00	12.00	
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021		Off	0.00	12 Vacation Day
11/04/2021	18:00	06:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/31/2021	16:00	18:00	2.00	Overtime Special Event @1.5Time
11/03/2021	18:00	06:00	12.00	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		72.00	84.00	2.00	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.

Signature of Employee

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 Dept Head

Attendance Report

Name: SGT Scott Kivet

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 535

Payroll No. 0000005071

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	10 HOLIDAY (ADMINISTRATION)
10/27/2021	09:00	19:00	10.00	
10/28/2021	09:00	19:00	8.00	2 Comp Time
10/29/2021	08:00	18:00	10.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	08:00	18:00	10.00	
11/04/2021	12:30	19:00	6.50	3.5 HOLIDAY (ADMINISTRATION)
11/05/2021		Off	0.00	10 Comp Time
11/06/2021		Off	0.00	10 Personal

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/26/2021	09:00	19:00	10.00	HOLIDAY (ADMINISTRATION)
10/28/2021	15:30	17:30	2.00	Comp Time
10/28/2021	15:30	17:30	2.00	QUASI - SCHOOL @0.0Cash
11/04/2021	09:00	12:30	3.50	HOLIDAY (ADMINISTRATION)
11/05/2021	09:00	19:00	10.00	Comp Time
11/06/2021	07:00	12:00	5.00	QUASI - REGULAR @1.5Cash
11/06/2021	09:00	19:00	10.00	Personal

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		44.50	80.00	7.00	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.

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

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

Signature of Employee

Signature of Supervisor

Signature of Dept Head

Attendance Report

Name: PTL Colin Lockwood
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 545
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	12 Schedule Comp Time
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	06:00	18:00	12.00	
10/28/2021	06:00	18:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	06:00	18:00	12.00	
11/02/2021	06:00	17:00	11.00	1 Comp Time
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	06:00	18:00	12.00	
11/06/2021	06:00	18:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/24/2021	06:00	18:00	12.00	Schedule Comp Time
11/01/2021	06:00	18:00	12.00	Officer In Charge @0.0Cash
11/02/2021	17:00	18:00	1.00	Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		71.00	84.00	12.00	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.

_____
Signature of Employee

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 Dept Head

Attendance Report

Name: LT Adrian Markowski
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 540
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	08:00	16:00	8.00	
10/26/2021	08:00	16:00	8.00	
10/27/2021	08:00	16:00	8.00	
10/28/2021	08:00	16:00	8.00	
10/29/2021	08:00	16:00	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	08:00	16:00	8.00	
11/02/2021	08:00	16:00	8.00	
11/03/2021	08:00	16:00	8.00	
11/04/2021	08:00	16:00	8.00	
11/05/2021		Off	0.00	8 HOLIDAY (ADMINISTRATION)
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/24/2021	17:00	19:00	2.00	Manpower Shortage @1.5Time
11/05/2021	08:00	16:00	8.00	HOLIDAY (ADMINISTRATION)
11/05/2021	13:00	21:00	8.00	QUASI - REGULAR @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		72.00	80.00	10.00	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.

Signature of Employee

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 Dept Head

Attendance Report

Name: PTL Ryan Meehan
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 560
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	06:00	18:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	06:00	18:00	12.00	
10/28/2021	06:00	18:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	06:00	18:00	12.00	
11/02/2021	15:00	18:00	3.00	9 Comp Time
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021		Off	0.00	12 Schedule Comp Time
11/06/2021		Off	0.00	12 Schedule Comp Time

Details				
Date	**Start**	**End**	**Total**	**Explanation**
11/02/2021	06:00	15:00	9.00	Comp Time
11/05/2021	06:00	18:00	12.00	Schedule Comp Time
11/06/2021	06:00	18:00	12.00	Schedule Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		51.00	84.00	0.00	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.

_____
Signature of Employee

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 Dept Head

Attendance Report

Name: SGT James Moore

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 522

Payroll No. 0000001281

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	18:00	06:00	12.00	
10/26/2021	18:00	06:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021		Off	0.00	Reg Day Off
10/30/2021	18:00	06:00	12.00	
10/31/2021	18:00	06:00	12.00	
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	18:00	06:00	12.00	
11/04/2021	18:00	06:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021	18:00	06:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/31/2021	16:00	18:00	2.00	Overtime Special Event @1.5Cash
11/06/2021	06:00	07:00	1.00	Other @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		84.00	84.00	3.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: PTL Robert Morgano

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 544

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	18:00	06:00	12.00	
10/26/2021	18:00	06:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	18:00	06:00	12.00	
10/30/2021	18:00	06:00	12.00	
10/31/2021		Off	0.00	12 Schedule Comp Time
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	18:00	06:00	12.00	
11/04/2021		Off	0.00	12 Schedule Comp Time
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/27/2021	19:00	06:00	11.00	Manpower Shortage @1.5Cash
10/28/2021	19:00	06:00	11.00	Manpower Shortage @1.5Cash
10/31/2021	18:00	06:00	12.00	Schedule Comp Time
11/04/2021	18:00	06:00	12.00	Schedule Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		60.00	84.00	22.00	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.

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

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

_____

Signature of Employee

_____

Signature of Supervisor

_____

Signature of Dept Head

Attendance Report

Name: COM Kathy Murr
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 404
Payroll No. 0000001041

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	10:00	18:00	8.00	
10/26/2021	06:00	18:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	06:00	14:00	8.00	
10/30/2021	06:00	18:00	12.00	
10/31/2021		Off	0.00	12 Vacation Day
11/01/2021	06:00	10:00	4.00	
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	06:00	18:00	12.00	
11/04/2021	06:00	18:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/31/2021	06:00	18:00	12.00	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		68.00	80.00	0.00	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.

_____
Signature of Employee

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 Dept Head

Attendance Report

Name: COM Kathleen OConnor
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 401
Payroll No. 0000000451

Date	In	Out	Total	Explanation
10/24/2021	06:00	18:00	12.00	
10/25/2021		Off	0.00	4 Vacation Day
10/26/2021		Off	0.00	Reg Day Off
10/27/2021		Off	0.00	12 Vacation Day
10/28/2021		Off	0.00	12 Vacation Day
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	8 Vacation Day
11/02/2021		Off	0.00	12 Vacation Day
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021		Off	0.00	6 Comp Time/2 Personal
11/06/2021	06:00	18:00	12.00	

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	06:00	10:00	4.00	Vacation Day
10/27/2021	06:00	18:00	12.00	Vacation Day
10/28/2021	06:00	18:00	12.00	Vacation Day
10/31/2021	06:00	18:00	12.00	Desk Coverage @1.5Cash
11/01/2021	10:00	18:00	8.00	Vacation Day
11/02/2021	06:00	18:00	12.00	Vacation Day
11/05/2021	06:00	12:00	6.00	Comp Time
11/05/2021	12:00	14:00	2.00	Personal

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		24.00	80.00	12.00	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.

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

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

_____
Signature of Employee

_____
Signature of Supervisor

_____
Signature of Dept Head

Attendance Report

Name: PTL James Pica

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 555

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	06:00	18:00	12.00	
10/26/2021	06:00	18:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021		Off	0.00	12 Schedule Comp Time
10/30/2021	06:00	18:00	12.00	
10/31/2021	06:00	18:00	12.00	
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	06:00	18:00	12.00	
11/04/2021	06:00	15:30	6.50	3 Comp Time/2.5 Schedule Comp Time
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/29/2021	06:00	18:00	12.00	Schedule Comp Time
10/31/2021	18:00	20:00	2.00	Overtime Special Event @1.5Time
11/04/2021	12:30	15:30	3.00	Comp Time
11/04/2021	15:30	18:00	2.50	Schedule Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		66.50	84.00	2.00	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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: CHF Michael Polaski
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 308
Payroll No. 0000001071

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	07:30	15:30	8.00	
10/26/2021	08:00	16:00	8.00	
10/27/2021	07:30	14:30	7.00	1 Comp Time
10/28/2021	07:30	15:30	8.00	
10/29/2021	07:30	15:30	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021		Off	0.00	8 Vacation Day
11/02/2021		Off	0.00	8 Vacation Day
11/03/2021		Off	0.00	8 Vacation Day
11/04/2021		Off	0.00	8 Vacation Day
11/05/2021		Off	0.00	8 Vacation Day
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/27/2021	14:30	15:30	1.00	Comp Time
10/28/2021	15:30	19:30	4.00	Township Meeting @1.5Time
11/01/2021	07:30	15:30	8.00	Vacation Day
11/02/2021	07:30	15:30	8.00	Vacation Day
11/03/2021	07:30	15:30	8.00	Vacation Day
11/04/2021	07:30	15:30	8.00	Vacation Day
11/05/2021	07:30	15:30	8.00	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		39.00	80.00	4.00	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.

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

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

Signature of Employee

Signature of Supervisor

Signature of Dept Head

Attendance Report

Name: DET Robert Quinn III

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 543

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	06:00	18:00	12.00	
10/26/2021	06:00	18:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	06:00	18:00	12.00	
10/30/2021	06:00	18:00	12.00	
10/31/2021	06:00	18:00	12.00	
11/01/2021		Off	0.00	Reg Day Off
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	06:00	18:00	12.00	
11/04/2021	06:00	18:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/31/2021	18:00	20:00	2.00	Overtime Special Event @1.5Cash

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		84.00	84.00	2.00	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.

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

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

Signature of Employee

Signature of Supervisor

Signature of Dept Head

Attendance Report

Name: COM Victor Raczka

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 423

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	10:00	14:00	4.00	8 Holiday (Communications)
10/25/2021	22:00	06:00	8.00	
10/26/2021	18:00	06:00	12.00	
10/27/2021		Off	0.00	Reg Day Off
10/28/2021	10:00	18:00	8.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	10:00	21:00	11.00	1 Comp Time
11/02/2021	06:00	18:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	10:00	22:00	12.00	
11/06/2021		Off	0.00	4 Administrative Leave With Pay

Details

Date	Start	End	Total	Explanation
10/24/2021	14:00	22:00	8.00	Holiday (Communications)
10/28/2021	08:00	10:00	2.00	Desk Coverage @1.5Time
11/01/2021	21:00	22:00	1.00	Comp Time
11/06/2021	06:00	10:00	4.00	Administrative Leave With Pay

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		67.00	80.00	2.00	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.

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

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

_____ *Signature of Employee*

_____ *Signature of Supervisor*

_____ *Signature of Dept Head*

Attendance Report

Name: COM Vivian Salguero-Cincilla
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 428
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021		Off	0.00	8 Holiday (Communications)
10/26/2021		Off	0.00	12 Holiday (Communications)
10/27/2021		Off	0.00	Reg Day Off
10/28/2021		Off	0.00	Reg Day Off
10/29/2021	22:00	06:00	8.00	
10/30/2021	21:00	06:00	8.00	3 Comp Time/1 Vacation Day
10/31/2021		Off	0.00	12 Holiday (Communications)
11/01/2021	18:00	22:00	4.00	
11/02/2021		Off	0.00	Reg Day Off
11/03/2021	18:00	06:00	12.00	
11/04/2021	18:00	06:00	12.00	
11/05/2021		Off	0.00	Reg Day Off
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	22:00	06:00	8.00	Holiday (Communications)
10/26/2021	18:00	06:00	12.00	Holiday (Communications)
10/30/2021	21:00	22:00	1.00	Vacation Day
10/30/2021	18:00	21:00	3.00	Comp Time
10/31/2021	18:00	06:00	12.00	Holiday (Communications)

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		44.00	80.00	0.00	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.

Signature of Employee

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 Dept Head

Attendance Report

Name: DET Thomas Septak

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 550

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	18:00	06:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	18:00	06:00	12.00	
10/28/2021	18:00	06:00	12.00	
10/29/2021		Off	0.00	Reg Day Off
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	18:00	04:30	10.50	1.5 Vacation Day
11/02/2021		Off	0.00	9 Comp Time/3 Vacation Day
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	18:00	06:00	12.00	
11/06/2021		Off	0.00	4.5 Comp Time/7.5 Vacation Day

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	18:00	06:00	12.00	Manpower Shortage @1.5Cash
10/27/2021	19:00	06:00	11.00	Officer In Charge @0.0Cash
11/01/2021	04:30	06:00	1.50	Vacation Day
11/02/2021	03:00	06:00	3.00	Vacation Day
11/02/2021	18:00	03:00	9.00	Comp Time
11/06/2021	18:00	22:30	4.50	Comp Time
11/06/2021	22:30	06:00	7.50	Vacation Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		58.50	84.00	23.00	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.

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

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

_____ *Signature of Employee*

_____ *Signature of Supervisor*

_____ *Signature of Dept Head*

Attendance Report

Name: PTL Michael Slininger

Pay Period: 10/24/2021 - 11/06/2021

Department No.

Employee No. 425

Payroll No.

Date	In	Out	Total	Explanation
10/24/2021	06:00	18:00	12.00	
10/25/2021		Off	0.00	Reg Day Off
10/26/2021		Off	0.00	Reg Day Off
10/27/2021	06:00	18:00	12.00	
10/28/2021	06:00	18:00	12.00	
10/29/2021	18:00	06:00	12.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	06:00	18:00	12.00	
11/02/2021	06:00	18:00	12.00	
11/03/2021		Off	0.00	Reg Day Off
11/04/2021		Off	0.00	Reg Day Off
11/05/2021	06:00	18:00	12.00	
11/06/2021	06:00	18:00	12.00	

Details

Date	Start	End	Total	Explanation
10/31/2021	16:00	20:00	4.00	Overtime Special Event @1.5Cash
11/01/2021	18:00	19:00	1.00	FTO Training @1.0Time
11/02/2021	18:00	19:00	1.00	FTO Training @1.0Time
11/05/2021	18:00	19:00	1.00	FTO Training @1.0Time
11/06/2021	18:00	19:00	1.00	FTO Training @1.0Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		96.00	96.00	8.00	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.

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

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

Signature of Employee

Signature of Supervisor

Signature of Dept Head

Attendance Report

Name: Name

Pay Period: Pay Period -

Department No. Department No.

Employee No. Employee No.

Payroll No. Payroll No.

Date	In	Out	Total	Explanation

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

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours

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.

_____

Signature of Employee

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 Dept Head

Attendance Report

Name: LT William Swanhart 3rd
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 539
Payroll No. 0000009051

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021		Off	0.00	8 Comp Time
10/26/2021	08:00	16:00	8.00	
10/27/2021	08:00	16:00	8.00	
10/28/2021	07:00	12:00	5.00	3 HOLIDAY (ADMINISTRATION)
10/29/2021	07:00	15:00	8.00	
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	08:00	16:00	8.00	
11/02/2021	08:00	16:00	8.00	
11/03/2021	08:00	16:00	8.00	
11/04/2021	08:00	16:00	8.00	
11/05/2021	08:00	13:00	5.00	3 Comp Time
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/25/2021	08:00	16:00	8.00	Comp Time
10/28/2021	12:00	15:00	3.00	HOLIDAY (ADMINISTRATION)
11/05/2021	13:00	21:00	8.00	QUASI - REGULAR @1.5Cash
11/05/2021	13:00	16:00	3.00	Comp Time

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		66.00	80.00	8.00	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.

_____
Signature of Employee

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 Dept Head

Attendance Report

Name: PTL Edward Vincent
Pay Period: 10/24/2021 - 11/06/2021

Department No.
Employee No. 548
Payroll No.

Date	In	Out	Total	Explanation
10/24/2021		Off	0.00	Reg Day Off
10/25/2021	07:00	15:00	8.00	
10/26/2021	07:00	15:00	8.00	
10/27/2021		Off	0.00	8 Comp Time
10/28/2021		Off	0.00	8 Comp Time
10/29/2021		Off	0.00	8 Comp Time
10/30/2021		Off	0.00	Reg Day Off
10/31/2021		Off	0.00	Reg Day Off
11/01/2021	07:00	14:30	7.50	0.5 Comp Time
11/02/2021	07:00	15:00	8.00	
11/03/2021	07:00	15:00	8.00	
11/04/2021		Off	0.00	8 Sick Day
11/05/2021	07:00	15:00	8.00	
11/06/2021		Off	0.00	Reg Day Off

Details				
Date	**Start**	**End**	**Total**	**Explanation**
10/27/2021	07:00	15:00	8.00	Comp Time
10/28/2021	07:00	15:00	8.00	Comp Time
10/29/2021	07:00	15:00	8.00	Comp Time
11/01/2021	14:30	15:00	0.50	Comp Time
11/04/2021	07:00	15:00	8.00	Sick Day

Type Of Day / Post	Hours	Hours Worked	Hours Scheduled	Overtime	Punch Hours
		47.50	80.00	0.00	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.

Signature of Employee

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 Dept Head