FEDERAL EMERGENCY MANAGEMENT AGENCY

EMPLOYEE SELF-CERTIFICATION TIME AND ATTENDANCE REPORT

(For Telework Employees)

EMPLOYEE NAME (Last, First, M.I.)	SOCIAL SECURITY No.	PAY PERIOD:	TIMEKEEPER NAME	PHONE:

EMPLOYEE USE

DATE	HOURS WORKED		TOTAL HOURS WORKED	REGULAR TIME	OVERTIME WORKED	SICK LEAVE USED	ANNUAL LEAVE USED	CREDIT		COMP-TIME		LWOP USED
	FROM	TO						USED	*ACCRUED	USED	ACCRUED	
WEEK 1 TOTALS →												
WEEK 2 TOTALS →												

I certify that the hours cited above are correct.

EMPLOYEE SIGNATURE	DATE

To be completed by authorizing official

SUPERVISOR SIGNATURE	PRINTED NAME	TELEPHONE No.	DATE

*** NOTE: In accordance with the Telework guidelines, employees may not work credit hours at an alternate work site.**

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