

**BY ORDER OF THE COMMANDER  
MOUNTAIN HOME AFB**

**MOUNTAIN HOME AFB  
INSTRUCTION 65-366**



**05 AUGUST 2016**

***Certified Current, 6 November 2020***

***Finance***

**TIME AND ATTENDANCE REPORTING  
CIVILIAN PAY SYSTEM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements policy and guidance from AFPD 65-1, Management of Financial Services; DODFMR 7000-14.R, Volume 8, *Department of Defense Financial Management Regulation (DODFMR), Civilian Pay Policy and Procedures* (<http://www.defenselink.mil/comptroller/fmr/08/index.html>); Defense Civilian Pay System (DCPS-UM-O4), *Time and Attendance User's Manual* (<https://dfas4dod.dfas.mil/systems/dcps/consolid/files/tnauserm.htm>); AFI 36-815, *Absence and Leave* ([http://www.e-publishing.af.mil/shared/media/epubs/AFI36-815\\_USAFASUP1.pdf](http://www.e-publishing.af.mil/shared/media/epubs/AFI36-815_USAFASUP1.pdf)); and AFI 36-807, *Weekly and Daily Scheduling of Work and Holiday/Observances* ([www.e-publishing.af.mil](http://www.e-publishing.af.mil)). This instruction standardizes instructions for preparing and certifying Mountain Home Air Force Base (MHAFB) IMT 19, *Time and Attendance Records*. This publication applies to all appropriated fund civilian personnel assigned to the 366th Fighter Wing (366 FW) or supported by MHAFB. This instruction requires the satisfaction of bargaining under Title 5, United States Code (USC), Section 7, adhering to policies and procedures contained within. The American Federation of Government Employees, Local 3872, will be given advance notice of the changes and changes will not be implemented until bargaining is completed. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Contact supporting records managers as required. Refer recommended changes and questions regarding this publication to the office of primary responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*, route AF Forms 847 through the base publications and forms manager. This publication requires

the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and or maintain the records prescribed in this instruction are 10 USC 8013, Secretary of the Air Force powers and duties; delegation by, and Executive Order 9397, System of records notice F011 AF applies.

## **1. Responsibilities.**

1.1. All time will be entered into the Automated Time and Attendance Production System (ATAAPS). Each organization will provide at a minimum one primary and an alternate unit timekeeper. In the event the timekeeper cannot enter the time cards, the 366th Comptroller Squadron, Financial Management Flight (366 CPTS/FMF) will input the timecards. Information must be submitted to FMF before 0900 hours on Monday following the end of the pay period in order to make the interface between ATAAPS and DCPS.

1.1.1. The exception to inputting time into ATAAPS will be for temporary hires (seasonal Snow Removals, Life Guards, and an employee hired in the middle of the pay period). These individuals will record time and attendance on the MHAFB IMT Form 19.

1.1.1.1. A. Each pay period, the employee must complete the MHAFB IMT Form 19, *Civilian Time Card* (see Attachment 4 for examples). The form is certified with the employee's signature (initialing all exceptions and changes), and the supervisor's signature. The MHAFB IMT Form 19 becomes the source document used to enter payroll information into DCPS.

1.1.1.2. B. Supervisor will attach supporting documents (as applicable; Military orders, OPM 71, *Request for Leave or Approved Absence*; AF Form 428, *Request for Overtime, Holiday Premium Pay, and Compensatory Time*) to the time card and forward to FMF for input into DCPS.

## **2. Approving Officials.**

2.1. Timecard certifiers must complete the Approving Official/Certifying Officer CBT and be appointed on the DD Form 577 "Appointment/Termination Record – Authorized Signature". Supervisors, acting supervisors, commanders, or commanders' designated representatives may approve or disapprove leave requests and certify time cards (automated or manual). In the absence of the first line supervisor, the acting supervisor or the next level supervisor (or successive levels in ascending order) certifies time cards and approves leave. Supervisors will not certify their own time cards. Certifiers who no longer fulfill the duties as a certifier will have their commander complete the termination portion of the DD 577 and submit it to the Customer Service Representative (CSR) in finance.

### 3. Timecard Data Element Values.

3.1. The most commonly used codes are identified in Attachment 2 (for additional codes refer to DCPS-CSR User Manual – Revision 27.1).

3.2. Timecard Required Elements:

3.2.1. Employee name and social security number (SSN).

3.2.2. Pay period number or dates.

3.2.3. Number of hours worked by day and in total.

3.2.4. Number of premium hours worked and by type.

3.2.5. Number of credit hours and compensatory hours earned.

3.2.6. Number of leave hours (by type – LA, LS, CN, CF, LN, etc.).

3.2.7. Dates leave is taken.

3.2.8. Supporting documents for absences, e. g. court attendance certificate, OPM 71, certified military orders.

3.2.9. Digital or handwritten signature.

### 4. Work Schedule.

4.1. A change in an employee's work schedule affecting the hours worked must be accomplished using Attachment 3, *Civilian Employee Work Schedule Worksheet*. The work schedules common to MHAFB: Not on Alternate Work Schedule (AWS) Straight Eight; Flexible Work Schedule (FWS) Maxi-flex and Flex; and Compressed Work Schedule (CWS) (5-4/9 and 4/10). The work schedule must be completed and properly coordinated. Prior to the employee working the new schedule, the supervisor will submit the updated work schedule to 366 FSS/FSMC, the Civilian Personnel Office (CPO). CPO will provide a copy to the Financial Management Flight (FMF). FMF will update ATAAPS and DCPS. Attachment 4 contains examples of the timecards displaying the 5 schedules common to MHAFB.

4.2. Changes to work schedules will be approved one week in advance. Changes to work schedules with less than one week notice may be made if mutually agreed upon between the employee and first-level supervisor. Exceptions may be made for emergency work situations. FMF, Customer Service Representative, will enter the changes to the work schedule into both ATAAPS and DCPS prior to time card processing. (AFI 36-807 Mountain Home Sup 1 dated 11 Feb 2010 section 4.6).

### 5. Overtime and Compensatory Time Earned Authorizations.

5.1. Approve requests for overtime, holiday premium pay, and compensatory time on an AF Form 428. Approval shall be granted before the hours are worked whenever feasible and, when not feasible, as soon as possible after the work has been performed. Annotate the time card in the remarks section —AF Form 428 is on file if the form is maintained at the unit. For further guidance, refer to DODFMR, Volume 8, [Chapter 3](#), paragraph 0303. All AF Form 428 requests must be routed through 366 CPTS/FMA for fund certification.

**6. Temporary Duty (TDY):**

6.1. When an employee is on TDY, the hours worked and hours of leave will be recorded in ATAAPS. All time actually spent away from the permanent duty station during the basic workweek shall be recorded at the employee's permanent duty station as time worked or leave taken. The travel order shall support entries on the time card for regular time.

6.2. When an employee is on extended temporary duty (TDY)/deployment (official government directed travel of 3 weeks or more in duration), supervisor will require the employee to submit their time in ATAAPS. If ATAAPS is not available the MHAFB Form 19 will be sent by the employee to his supervisor by either method: overnight mail, electronic mail, facsimile machine, or other acceptable means of communication.

**7. Certification of Absences.**

7.1. To record exceptions to the MHAFB IMT Form 19, employee will complete the column heading (WEEK) one or two; (DAY) one through seven (Sunday – Saturday); the type of hours (TYPE HOUR) charged (refer to Attachment 2 for the list of codes); and the (HOURS) with fractions of hours shown as decimals (*EXAMPLE*: four and one half hours is shown as 4.5). If the employee is absent for less than a full work day, list reason and hours absence in the "REMARKS" section. Employee will record their time away using 15 minutes increments. In addition, the employee must place his/her initials on each line in the "INIT" column.

JEFFERSON J. O'DONNELL, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFMAN 33-363, *Management of Records*, 1 March 2008

AFI 36-807, *Weekly and Daily Scheduling of Work and Holiday Observances*, 21 June 1999

AFI 36-815, *Absence and Leave*, 5 September 2002

Defense Civilian Pay System (DCPS-UM-O4), *Time and Attendance User's Manual*, 25 Nov 2007

10 U.S.C. 8013, Secretary of the Air Force powers and duties; delegation by, and Executive Order 9397, System of records notice F011 AF applies

***Prescribed Forms***

MHAFB IMT Form 19, Civilian Time Card

***Adopted Forms:***

AF Form 428, Request for Overtime, Holiday Premium Pay, and Compensatory Time

AF Form 847, Recommendation for Change of Publication

OPM 71, Request for Leave or Approved Absence

***Abbreviations and Acronyms***

**AF**—Air Force

**AFMAN**—Air Force Manual

**AFRIMS**—Air Force Records Information Management System

**CD**—credit hours earned

**CN**—credit hours used

**CPTS**—Comptroller Squadron (366 CPTS)

**CWS**—Compressed Work Schedule

**DCPS**—Defense Civilian Pay System

**DOD**—Department of Defense

**DODFMR**—Department of Defense Financial Management Regulation

**FMF**—Financial Services Flight

**FW**—Fighter Wing (366 FW)

**IAW**—In Accordance With

**MHAFB**—Mountain Home AFB

**OPR**—Office of Primary Responsibility

**RDS**—Records Disposition Schedule

**TDY**—Temporary Duty

**UM**—User's Manual

**USC**—United States Code

**WK**—Week

## Attachment 2

## TIMEKEEPER QUICK REFERENCE CODES

Figure A2.1. Timekeeper Quick Reference Codes

**Pay Type Hour Codes:**

RG Regular (General Services (GS) employee)

RF Regular, First Shift (WG employee)

RS Regular, Second Shift (WG employee)

RT Regular, Third Shift (WG employee)

OS Overtime Scheduled (GS employee)

OU Overtime Unscheduled

HG Holiday Worked (GS employee)

HF Holiday Worked, First Shift (WG employee)

HS Holiday Worked, Second Shift (WG employee)

HT Holiday Worked, Third Shift (WG employee)

LS Sick Leave

LA Annual Leave

LC Court Leave

LM Military Leave

LY Award Time Off

LN Administrative Leave

OC Unscheduled Callback Overtime. The actual time worked must be entered. The system will determine the difference between the actual time worked on callback and the 2 hour minimum entitlement under Title 5, and will pay accordingly. The system will determine which shift is payable to un-graded employees who work overtime callback.

LB Advanced Annual Leave

LR Leave Annual, Restored #1

LQ Leave Annual, Restored #2

**Environmental Code:**

EB High Work

**Traumatic Injury Codes:**

LU Date of injury does not require injury number.

LT Absence because of traumatic injury covered under the provisions of continuation of pay (COP). Requires injury number: Injury number would be date used on the LU code

(*EXAMPLE: LU on 1 Dec, injury number would be "1201" (MMDD).*)

**Nonpaid Leave Codes:**

KA Leave without pay (LWOP)

KC Absent without leave (AWOL)

KD Employee receiving compensation from the Office of Worker's Compensation programs (OWCP).

**Compensatory Hour Codes:**

CB Compensatory Travel Time Earned

CF Compensatory Travel Time Used

CE Compensatory Time Earned

CT Compensatory Time Used

CD Credit Hours Earned

CN Credit Hours Used

**Representational Hour Codes:**

BA Negotiations

BD Lab/Management Relations

BK Grievance and Appeals



Attachment 3

CIVILIAN EMPLOYEE WORK SCHEDULE

Figure A3.1. BLANK - CIVILIAN EMPLOYEE WORK SCHEDULE

### Civilian Employee Work Schedule

Print Name of Employee: \_\_\_\_\_ Employee Squadron/Office Symbol : \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Print Name of Supervisor: \_\_\_\_\_ Supervisor phone number: 8- \_\_\_\_\_

Check the applicable work schedule for this employee :

Compressed AWS - 5/4/9 Code 6  
 Compressed AWS - 4 /10 hrs Code 8  
 Compressed AWS - 3/13 hrs 20 min Code 8

Maxiflex schedule - (earns credit hours) Code 5  
 Regular fixed work sched. (8 hrs per day) Code 0  
 Flexfour schedule - (earns credit hours) Code 1  
 Other (please specify) \_\_\_\_\_

Please show 2 week work schedule:

Day	Normal Duty Hours	Lunch	Core Hours
Sunday	N/A	N/A	N/A
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	N/A	N/A	N/A
Sunday	N/A	N/A	N/A
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday	N/A	N/A	N/A

**EXAMPLES**

Compressed 5/4/9 example:

Day	Normal Duty Hours	Lunch	Core Hours
Sunday	n/a	n/a	n/a
Monday	0730-1730	1130-1230	n/a
Tuesday	0730-1730	1130-1230	n/a
Wednesday	0730-1730	1130-1230	n/a
Thursday	0730-1730	1130-1230	n/a
Friday	0730-1730	1130-1230	n/a
Saturday	n/a	n/a	n/a
Sunday	n/a	n/a	n/a
Monday	0730-1730	1130-1230	n/a
Tuesday	0730-1730	1130-1230	n/a
Wednesday	0730-1730	1130-1230	n/a
Thursday	0730-1630	1130-1230	n/a
Friday	AWS Day Off	n/a	n/a
Saturday	n/a	n/a	n/a

Flexfour example:

Day	Normal Duty Hours	Lunch	Core Hours
Sunday	n/a	n/a	n/a
Monday	0730-1630	1130-1230	0900-1500
Tuesday	0730-1630	1130-1230	0900-1500
Wednesday	0730-1630	1130-1230	0900-1500
Thursday	0730-1630	1130-1230	0900-1500
Friday	0730-1630	1130-1230	0900-1500
Saturday	n/a	n/a	n/a
Sunday	n/a	n/a	n/a
Monday	0730-1630	1130-1230	0900-1500
Tuesday	0730-1630	1130-1230	0900-1500
Wednesday	0730-1630	1130-1230	0900-1500
Thursday	0730-1630	1130-1230	0900-1500
Friday	0730-1630	1130-1230	0900-1500
Saturday	n/a	n/a	n/a

Employee Signature: \_\_\_\_\_  
 Supervisor signature : \_\_\_\_\_  
 Date signed : \_\_\_\_\_  
 Pay Period Effective Date: \_\_\_\_\_

Fax to Civilian Personnel at 828-4808  
 "This document contains personal information protected by the Privacy Act of 1974 and is For Official Use Only"

Attachment 4

EXAMPLES OF COMMONLY USED TIME SHEETS

Figure A4.1. Not On AWS 8 Hour Days

CIVILIAN TIME CARD																
<small>(This document contains information which must be protected (AW AF1 33-332 and DODR 5400-11. The Privacy Act of 1974 as amended applies.)</small>																
EMPLOYEE ID/SSAN	BLKGRP	PAS CODE/ TIMEKEEPER NO.	ORG/OFFICE SYMBOL	EMPLOYEE NAME				FLT RGT	PAY PERIOD NO. OR				SEQUENCE NO.			
Need full SSAN #			Unit & Office Symbol	Last, First, MI				Duty Phone	Pay Period Ending Date				Pay Period #			
WEEK ONE							WEEK TWO									
TOUR	DAY AWS	WEEK ONE							WEEK TWO							
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
	Straight 8 1 hr lunch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TYPE/SHIFT		0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	
GRADED NO																
WEEK	DAY	TYPE HOUR	HOURS	REMARKS				ENV HAZ	LST HOUR	TEMP SFT	NIGHT DFF	START TIME	INJ DATE	INT		
2	4	CE	1	1730 - 1830 (AF Form 428 required for code CE or CG)										INJW		
2	5	CE	4	1730 - 2130 (AF Form 428 required for code CE or CG)												
NOTES: Digital signatures required (Supervisor & Employee) Leave is taken in 15 minute increments This schedule is not eligible for Credit Hours																
REG	OT	COMP	HOL	SUN	2D	3RD	ND	EN	LV	NPLV						
EMPLOYEE SIGNATURE				Click to sign				CERTIFYING OFFICIAL SIGNATURE				Click to sign				

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Figure A4.2. Flex-Tour.

CIVILIAN TIME CARD																
<small>(This document contains information which must be protected (AW AF1 33-332 and DODR 5400-11. The Privacy Act of 1974 as amended applies.)</small>																
EMPLOYEE ID/SSAN	BLKGRP	PAS CODE/ TIMEKEEPER NO.	ORG/OFFICE SYMBOL	EMPLOYEE NAME				FLT RGT	PAY PERIOD NO. OR				SEQUENCE NO.			
Need full SSAN #			Unit & Office Symbol	Last, First, MI				Duty Phone	Pay Period Ending Date				Pay Period #			
WEEK ONE							WEEK TWO									
TOUR	DAY AWS	WEEK ONE							WEEK TWO							
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
	FLEX 1 hr lunch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TYPE/SHIFT		0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630		
GRADED NO																
WEEK	DAY	TYPE HOUR	HOURS	REMARKS				ENV HAZ	LST HOUR	TEMP SFT	NIGHT DFF	START TIME	INJ DATE	INT		
1	2	LN	1	1130 - 1430 Physical Fitness				PF						Initial required		
	3	CD	4	1730 - 1830 Credit Hours worked												
2	4	LU	1	1830 - 1730 (Injured on the job)										Initial required		
2	5	LT	4	0730 - 1130 (Medical treatment due to injury)										MMCO		
NOTES: Digital signatures required (Supervisor & Employee) Leave is taken in 15 minute increments Credit hours earned daily (except days LN with Flex PF) LU - Continuation of Pay LT - Requires the injury date (MMCO) - see "Inj Date"																
REG	OT	COMP	HOL	SUN	2D	3RD	ND	EN	LV	NPLV						
EMPLOYEE SIGNATURE				Click to sign				CERTIFYING OFFICIAL SIGNATURE				Click to sign				

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Figure A4.3. Maxi Flex.

CIVILIAN TIME CARD																	
<i>(This document contains information which must be protected (AWAFI 33-332 and DODR 5405-11. The Privacy Act of 1974 as amended applies.)</i>																	
EMPLOYEE ID/SSAN	BK/GRP	PAS CODE/ TIMEKEEPER NO.	ORG/OFFICE SYMBOL	EMPLOYEE NAME				PLT ROT	PAY PERIOD NO. OR		SEQUENCE NO.						
Head Full SSAN #			Unit & Office Symbol	Last, First, MI				Duty Phone	Pay Period Ending Date		Pay Period #						
WEEK ONE							WEEK TWO										
TOUR	DAY AWS	TYPE/SHIFT	GRADED NO	1	2	3	4	5	6	7	1	2	3	4	5	6	7
				SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
	MAO - FLEX 1 hr lunch				8	7	10	10	8			8	8	8	8	8	
				0730 - 1630	0730 - 1530	0630 - 1730	0630 - 1730	0730 - 1630			0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630	0730 - 1630		
WEEK	DAY	TYPE HOUR	HOURS	REMARKS				ENV HAZ	LST HOUR	TEMP SFT	NIGHT DFF	START TIME	INJ DATE	INT			
1	2	LN	1	1330 - 1400 Physical Fitness 1630 - 1730 Credit Hours worked				PF						Initial required			
1	5	CD	2	1530 - 1730 Credit Hours worked										Initial required			
2	5	LA	8	Annual Leave													
2	4	LU	1	1630 - 1730 (injured on the job)										Initial required			
2	5	LT	4	0730 - 1130 (Medical treatment due to injury)									MMDD	Initial required			
NOTES: Digital signatures required (Supervisor & Employee) Leave taken (LA, LS, CN, CF, CT, LT, LY, LC, & RA) Employee must use OPM Form 71 to request leave No fixed schedule - Supervisor determine core hours Core Hours must be met 3 days each week Leave is taken in 15 minute increments Credit hours earned daily (except days LN with Haz PF) Not entitled to In Lieu of Holiday Holiday must record 8 hours only LU - Continuation of Pay LT - Requires the injury date (MMDD) - see "INJ Date"																	
REG	OT	COMP	HOL	SUN	3D	3RD	ND	SH	LV	NPLV							
EMPLOYEE SIGNATURE				Click to sign				CERTIFYING OFFICIAL SIGNATURE				Click to sign					

Figure A4.4. Compressed Schedule 5 4/9.

CIVILIAN TIME CARD																	
<i>(This document contains information which must be protected (ARW AF) 33-332 and DDDR 5400-11. The Privacy Act of 1974 as amended applies.)</i>																	
EMPLOYEE ID/SSAN	BLK/GRP	PAS CODE/ TIMEKEEPER NO.	ORG/OFFICE SYMBOL	EMPLOYEE NAME					PLT ROT	PAY PERIOD NO. OR		SEQUENCE NO.					
Need full SSAN #			Unit & Office Symbol	Last, First, MI					Duty Phone	Pay Period Ending Date		Pay Period #					
WEEK ONE									WEEK TWO								
			DAY AWS	1	2	3	4	5	6	7	1	2	3	4	5	6	7
			Compress 5-4-9 1 hr lunch	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
				9	9	9	9	9	8		9	9	9	9			
				0730 - 1730	0730 - 1730	0630 - 1730	0630 - 1730	0730 - 1630			0730 - 1730	0730 - 1730	0730 - 1730	0730 - 1730			
GRADED NO																	
WEEK	DAY	TYPE HOUR	HOURS	REMARKS					ENV HAZ	LST HOUR	TEMP SFT	NIGHT DIFF	START TIME	INJ DATE	INT		
1	2	LN	1	1330 - 1430 Physical Fitness					PF							Initial required	
1	4	OS	1	1630 - 1730 Overtime worked (AF Form 428 processed)												Initial required	
1	5	OS	2	1530 - 1730 Overtime worked (AF Form 428 processed)												Initial required	
2	5	LA	8	Annual Leave												Initial required	
2	4	LU	1	1630 - 1730 (injured on the job)												Initial required	
2	5	LT	4	0730 - 1130 (Medical treatment due to injury)											MMDD	Initial required	
NOTES: Digital signatures required (Supervisor & Employee)																	
Leave taken (LA, LS, CN, CF, CT, LT, LY, LC, & KA) Employee must use OPM Form 71 to request leave																	
Leave is taken in 15 minute increments Cannot earn Credit Hours																	
In Lieu of Holiday - Employee can choose day Default is day prior, unless on Sunday, then Monday																	
LU - Continuation of Pay LT - Requires the injury date (MMDD) - see "INJ Date"																	
REG	OT	COMP	HOL	SUN	2D	3RD	ND	EH	LV	NPLV							
EMPLOYEE SIGNATURE				Click to sign					CERTIFYING OFFICIAL SIGNATURE				Click to sign				

Figure A4.5. Compressed Work Scheduled 4/10.

CIVILIAN TIME CARD																
<i>(This document contains information which must be protected IAW AFI 33-332 and DODR 5400-11. The Privacy Act of 1974 as amended applies.)</i>																
EMPLOYEE ID/SSAN	BLK/GRP	PAS CODE/ TIMEKEEPER NO.	ORG/OFFICE SYMBOL	EMPLOYEE NAME					FLT ROT	PAY PERIOD NO. OR		SEQUENCE NO.				
Need full SSAN #			Unit & Office Symbol	Last, First, MI					Duty Phone	Pay Period Ending Date		Pay Period #				
WEEK ONE								WEEK TWO								
TOUR	TYPE/SHIFT	DAY AWS	WEEK ONE							WEEK TWO						
			1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT	1 SUN	2 MON	3 TUE	4 WED	5 THU	6 FRI	7 SAT
		Compress 4-10 1 hr lunch		10	10	10	10	10			10	10	10	10		
				0730 - 1830	0730 - 1830	0730 - 1830	0730 - 1830				0730 - 1830	0730 - 1830	0730 - 1830	0730 - 1830		
GRADED NO																
WEEK	DAY	TYPE HOUR	HOURS	REMARKS				ENV/HAZ	LST HOUR	TEMP SFT	NIGHT OFF	START TIME	INJ DATE	INT		
1	2	LN	1	1330 - 1430 Physical Fitness				PF						Initial required		
1	4	OS	1	1730 - 1830 Overtime worked (AF Form 428 processed)										Initial required		
1	5	OS	2	1630 - 1830 Overtime worked (AF Form 428 processed)										Initial required		
2	5	LA	8	Annual Leave										Initial required		
2	4	LU	1	1730 - 1830 (Injured on the job)										Initial required		
2	5	LT	4	0730 - 1130 (Medical treatment due to injury)									MDCD	Initial required		
NOTES:																
Digital signatures required (Supervisor & Employee)																
Leave taken (LA, LS, CN, CF, CT, LT, LY, LC, & KA) Employee must use OPM Form 71 to request leave																
Leave is taken in 15 minute increments Cannot earn Credit Hours																
In Lieu of Holiday - Employee can choose day Default is day prior, unless on Sunday, then Monday																
LU - Continuation of Pay LT - Requires the injury date (MDCD) - see "INJ Date"																
REG	OT	COMP	HOL	SUN	2D	3RD	ND	EH	LV	NP/LV						
EMPLOYEE SIGNATURE				Click to sign				CERTIFYING OFFICIAL SIGNATURE				Click to sign				