Verified as to the prescribed office hours

DAILY TIME RECORD Name For the month of ______

Office Hours (regular days) Arrival & Departure _____ Saturdays _____

	A M		P M							
	Arri	Depar	Arri	Depar	Hours	Min.				
	val	ture	val	Ture						
1										
2										
3										
4										
5										
6										
7										
8										
2 3 4 5 6 7 8 9 10										
10										
11										
12										
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15 16										
17 18										
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19										
20 21										
21										
22										
23										
23 24 25										
25										
26										
27										
27 28										
29 30										
30										
31										
	Total									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

(Signature)

CS Form 48

DAILY TIME RECORD

Name For the month of Office Hours (regular days) Arrival & Departure _____ Saturdays _____

	Arri val	Depar ture	Arri val	Depar Ture	Hours	Min.
1 2 3 4 5 6 7 8 9 10 11 12	val	ture	val	Ture		
2 3 4 5 6 7 8 9 10 11 12						
4 5 6 7 8 9 10 11 12						
4 5 6 7 8 9 10 11 12						
7 8 9 10 11 12						
7 8 9 10 11 12						
7 8 9 10 11 12						
8 9 10 11 12						
9 10 11 12						
10 11 12						
11 12					-	
12						
12 13						
13						
						-
14						-
15						
16						
17 18 19						
18						
19						
20						-
21						-
22						
23						
24 25						
23						+
26						
27						
28 29						
29						
30						
31					1	1

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

(Signature)

Verified as to the prescribed office hours