



THORPE INTERNATIONAL, INC.

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Time and Attendance Record

Date Rec'd	Audit Date
Date Filed	Audit Officer
Audit Control Number	

Instructions: Preparer must fill in the information for Items 1-7.

Item #5: Please make sure that subtotals are provided for the Columns under "Daily Hours".

1. Employee's Name:	2. Employee's Number:	3. Pay Period: _____ TO _____
4. Contract Site:		

5. Hours Category <i>Contract Number/CLIN/Job Number</i>	DAILY HOURS														Total Hours
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
ADMINISTRATIVE															
HOLIDAY															
VACATION															
SICK LEAVE															
LWOP															
SUBTOTAL (For columns)→															

6. Employee's Signature:	7. Date Signed:	TOTAL HOURS CLAIMED →
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Supervisor's Signature:	Date Signed by Supervisor:	TI's Authorizing Officer:	Date Approved
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