LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	Unit	10/07/19	10/20/19

DATE	IN	OUT	REGULAR	ANNUAL (LA)	SICK (LA)	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	PAID OT # 1 (Time)		PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 (Time)		PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL					COMMENTS
MON 10/7	7:00	17:30						10.00	ZTRN	10.00																			10.00				1.0	
TUE 10/8	7:00	17:30						10.00	ZTRN	10.00																			10.00				1.0	
WED 10/9	7:00	19:30						12.00	ZTRN	12.00																			12.00				1.0	
THU 10/10	7:00	19:30						12.00	ZTRN	12.00																			12.00				1.0	
FRI 10/11	7:00	17:00						10.00	ZTRN	10.00																			10.00				1.0	
SAT 10/12	RDO									0.00																			0.00					
SUN 10/13	RDO									0.00																			0.00					
MON 10/14	RDO									0.00																			0.00					
TUE 10/15								10.00	LI	10.00																			10.00					[illegible]
WED 10/16								10.00	LI	10.00																			10.00					[illegible]
THU 10/17								6.00	LI	6.00																			6.00					[illegible]
FRI 10/18	RDO									0.00																			0.00					
SAT 10/19	RDO									0.00																			0.00					
SUN 10/20	RDO									0.00																			0.00					
TOTALS			0.00	0.00	0.00	0.00	0.00	80.00		80.00	0.00	0.00	0.00								0.00							80.00	0.0	0.0	0.0	5.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE — DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR — DATE

DPSMF 1400 Rev. 5/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD
Michael L. Gardner	Non-Exempt	P0023[illegible]	Unit: Dates:	FROM 10/21/19 TO 11/03/19

DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	A Time		PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL					COMMENTS (ex. = split shift/FTO/Escort hours leave taken during work day) Additional instructions attached
											10.0 COMP WORKED	1.5 COMP AGREED	WORKED	AGREED	Worked at home/ovrtm	Agreed at home/ovrtm	Worked at home/ovrtm	Agreed at home/ovrtm	Worked at home/ovrtm	WORKED	AGREED	Worked at home/ovrtm	Agreed at home/ovrtm	Worked at home/ovrtm	Agreed at home/ovrtm	Worked at home/ovrtm						
MON 10/21	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
TUE 10/22	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
WED 10/23	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
THU 10/24	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
FRI 10/25	RDO									0.00																	0.00					
SAT 10/26	RDO									0.00																	0.00					
SUN 10/27	RDO									0.00																	0.00					
MON 10/28	RDO									0.00																	0.00					
TUE 10/29	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
WED 10/30	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
THU 10/31	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
FRI 11/1	7:00	17:30						10.00	U	10.00																	10.00					Admin leave
SAT 11/2	RDO									0.00																	0.00					
SUN 11/3	RDO									0.00																	0.00					
TOTALS			0.00	0.00	0.00	0.00	0.00	80.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev. 8/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible]

[illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	[illegible]	[illegible]	[illegible]	11/04/19	11/17/19

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	Not Paid (10 Comp Hrs Worked)	Not Paid (Code Worked)	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) Worked	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) Worked	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (ex. - sick/ann/FTO/Escort hours leave taken during work day) Additional instructions attached
MON	11/4	7:00	17:30						10.00	L	10.00																		10.00					Administrative
TUE	11/5	7:00	17:30						10.00	L	10.00																		10.00					Administrative
WED	11/6	7:00	17:30						10.00	L	10.00																		10.00					Administrative
THU	11/7	7:00	17:30						10.00	L	10.00																		10.00					Administrative
FRI	11/8	RDO									0.00																		0.00					
SAT	11/9	RDO									0.00																		0.00					
SUN	11/10	RDO									0.00																		0.00					
MON	11/11	RDO									0.00																		0.00					
TUE	11/12							10.00		HDH	10.00																		10.00					Veterans Day - In lieu of Monday
WED	11/13	7:00	17:30						10.00	L	10.00																		10.00					Administrative
THU	11/14	7:00	17:30						10.00	L	10.00																		10.00					Administrative
FRI	11/15	7:00	17:30						10.00	L	10.00																		10.00					Administrative
SAT	11/16	RDO									0.00																		0.00					
SUN	11/17	RDO									0.00																		0.00					
TOTALS				0.00	0.00	0.00	0.00	10.00	70.00		80.00	0.00	0.00	0.00								0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct.

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct.

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

1st Supervisor Mon

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE Duty (if Applicable)	PAY PERIOD
[illegible]	NON-EXEMPT	[illegible]	[illegible]	FROM 11/18/19 TO 12/01/19

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMPTIME TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	Non-Time		PAID OT # 1							PAID OT # 2							DAILY TOTAL					COMMENTS
														REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)												
MON	11/18	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
TUE	11/19	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
WED	11/20	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
THU	11/21	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
FRI	11/22	RDO									0.00																	0.00					
SAT	11/23	RDO									0.00																	0.00					
SUN	11/24	RDO									0.00																	0.00					
MON	11/25	RDO									0.00																	0.00					
TUE	11/26	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
WED	11/27	7:00	17:30						10.00	U	10.00																	10.00					[illegible]
THU	11/28							10.00		H	10.00																	10.00					[illegible]
FRI	11/29							10.00		H	10.00																	10.00					[illegible]
SAT	11/30	RDO									0.00																	0.00					
SUN	12/1	RDO									0.00																	0.00					
TOTALS				0.00	0.00	0.00	0.00	20.00	60.00		80.00	0.00	0.00	0.00							0.00							60.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible] Sandra	Non-Exempt	[illegible]	Unit Dates	12/02/19	12/15/19

	DATE	IN	OUT	REGULAR	ANNUAL LV	SICK LV	COMP TAKEN	HOLIDAY	OTHER (Hours)	CODE (Leave Code)	REG TOTAL	K-Time: 1.5 COMP WORKED	K-Time: 1.5 COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page): [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page): [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (ex. - split shift/FTO/Except hours leave taken during work day.) Additional instructions attached
MON	12/2	7:00	17:30						10.00	U	10.00																		10.00					[illegible]
TUE	12/3	7:00	17:30						10.00	U	10.00																		10.00					[illegible]
WED	12/4	7:00	17:00				6.00		4.00	LL/U	10.00																		10.00					[illegible]
THU	12/5	7:00	17:30				10.00			LL	10.00																		10.00					[illegible]
FRI	12/6	RDO									0.00																		0.00					
SAT	12/7	RDO									0.00																		0.00					
SUN	12/8	RDO									0.00																		0.00					
MON	12/9	RDO									0.00																		0.00					
TUE	12/10	7:00	17:30				10.00			LL	10.00																		10.00					[illegible]
WED	12/11	7:00	17:30				10.00			LL	10.00																		10.00					[illegible]
THU	12/12	7:00	17:30				10.00			LL	10.00																		10.00					[illegible]
FRI	12/13	7:00	17:30				10.00			LL	10.00																		10.00					[illegible]
SAT	12/14	RDO									0.00																		0.00					
SUN	12/15	RDO									0.00																		0.00					
TOTALS				0.00	0.00	0.00	56.00	0.00	24.00		80.00	0.00	0.00	0.00								0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE — DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR — DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible]

[illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOM CILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	UNIT [illegible]	12/16/19	12/29/19

DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	[illegible]	REG TOTAL	Y-Time		PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (ex. - sick shift/ETO/Escort hours leave taken during work day) Additional instructions attached
											[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
MON 12/16						10.00			--	10.00																	10.00					[illegible]
TUE 12/17						10.00			--	10.00																	10.00					[illegible]
WED 12/18						10.00			--	10.00																	10.00					[illegible]
THU 12/19						10.00			--	10.00																	10.00					[illegible]
FRI 12/20	RDO									0.00																	0.00					
SAT 12/21	RDO									0.00																	0.00					
SUN 12/22	RDO									0.00																	0.00					
MON 12/23	RDO									0.00																	0.00					
TUE 12/24							10.00		LH	10.00																	10.00					[illegible]
WED 12/25							10.00		LH	10.00																	10.00					[illegible]
THU 12/26						10.00			--	10.00																	10.00					[illegible]
FRI 12/27						10.00			--	10.00																	10.00					[illegible]
SAT 12/28	RDO									0.00																	0.00					
SUN 12/29	RDO									0.00																	0.00					
TOTALS			0.00	0.00	0.00	60.00	20.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev 8/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible], State Police

[illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	[illegible]	12/30/19	01/12/20

DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time 1.0 COMP WORKED	K-Time 1.5 COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (ex. - split shift/FTO/Escort hours leave taken during work day) Additional instructions attached
MON 12/30						10.00			LL	10.00																	10.00					[illegible]
TUE 12/31							10.00		LH	10.00																	10.00					[illegible]
WED 1/1							10.00		LH	10.00																	10.00					[illegible]
THU 1/2						10.00			LL	10.00																	10.00					[illegible]
FRI 1/3	RDO									0.00																	0.00					
SAT 1/4	RDO									0.00																	0.00					
SUN 1/5	RDO									0.00																	0.00					
MON 1/6	RDO									0.00																	0.00					
TUE 1/7						10.00			LL	10.00																	10.00					[illegible]
WED 1/8						10.00			LL	10.00																	10.00					[illegible]
THU 1/9						10.00			LL	10.00																	10.00					[illegible]
FRI 1/10						10.00			LL	10.00																	10.00					[illegible]
SAT 1/11	RDO									0.00																	0.00					
SUN 1/12	RDO									0.00																	0.00					
TOTALS			0.00	0.00	0.00	60.00	20.00	0.00		80.00	0.00	0.00	0.00								0.00						80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

OPSMF 1400 Rev 5/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible]

[illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	P00233127	[illegible]	01/13/20	01/26/20

DATE	IN	OUT	REGULAR	ANNUAL LEAVE	SICK LEAVE	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time TO COMP WAIVED	K-Time TO CEMP WAIVED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL	DISCIPLINE DETAIL	FTO	SHIFT DIFF		COMMENTS (ex: sick shift/FTO/Escort hours, etc taken during work day) Additional instructions attached
MON 1/13						10.00			LL	10.00																	10.00						[illegible]
TUE 1/14						10.00			LL	10.00																	10.00						[illegible]
WED 1/15						10.00			LL	10.00																	10.00						[illegible]
THU 1/16						10.00			LL	10.00																	10.00						[illegible]
FRI 1/17	RDO									0.00																	0.00						
SAT 1/18	RDO									0.00																	0.00						
SUN 1/19	RDO									0.00																	0.00						
MON 1/20	RDO									0.00																	0.00						
TUE 1/21							10.00		LH	10.00																	10.00						[illegible]
WED 1/22						10.00			LL	10.00																	10.00						[illegible]
THU 1/23						10.00			LL	10.00																	10.00						[illegible]
FRI 1/24						10.00			LL	10.00																	10.00						[illegible]
SAT 1/25	RDO									0.00																	0.00						
SUN 1/26	RDO									0.00																	0.00						
TOTALS			0.00	0.00	0.00	70.00	10.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0		

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE

DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Troop [illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (if Applicable)	PAY PERIOD
[illegible]	Non-Exempt	[illegible]	[illegible]	FROM 01/27/20 TO 02/09/20

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	Notes: 1.5 COMP WORKED	1.5 COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page): WORKED	ACTIVITY	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page): WORKED	WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (i.e. sick/FTO/Escort hours leave taken during work day) Additional instructions attached
MON	1/27						10.00			LL	10.00																	10.00					[illegible]
TUE	1/28						10.00			LL	10.00																	10.00					[illegible]
WED	1/29						10.00			LL	10.00																	10.00					[illegible]
THU	1/30						10.00			LL	10.00																	10.00					[illegible]
FRI	1/31	RDO									0.00																	0.00					
SAT	2/1	RDO									0.00																	0.00					
SUN	2/2	RDO									0.00																	0.00					
MON	2/3	RDO									0.00																	0.00					
TUE	2/4						10.00			LL	10.00																	10.00					[illegible]
WED	2/5						10.00			LL	10.00																	10.00					[illegible]
THU	2/6						10.00			LL	10.00																	10.00					[illegible]
FRI	2/7				1.00		9.00			LA LL	10.00																	10.00					[illegible]
SAT	2/8	RDO									0.00																	0.00					
SUN	2/9	RDO									0.00																	0.00					
TOTALS				0.00	1.00	0.00	79.00	0.00	0.00		80.00	0.00	0.00	0.00								0.00						80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE

DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Fuel Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	Unit [illegible]	02/10/20	02/23/20

	DATE	IN	OUT	REGULAR	ANNUAL LA	SICK LA	COMPENSATORY	HOLIDAY	OTHER	OTHER (Specify Code)	REG TOTAL	N-Time TO COMP WORKED	N-Time TO COMP PAYED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	PAYED	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	PAYED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (Use LSPS shift PTO/escort hours, leave taken during work day) Additional instructions attached
MON	2/10				10.00					LA	10.00																	10.00				
TUE	2/11				10.00					LA	10.00																	10.00				
WED	2/12				10.00					LA	10.00																	10.00				
THU	2/13				10.00					LA	10.00																	10.00				
FRI	2/14	RDO									0.00																	0.00				
SAT	2/15	RDO									0.00																	0.00				
SUN	2/16	RDO									0.00																	0.00				
MON	2/17	RDO									0.00																	0.00				
TUE	2/18				10.00					LA	10.00																	10.00				
WED	2/19				10.00					LA	10.00																	10.00				
THU	2/20				10.00					LA	10.00																	10.00				
FRI	2/21				10.00					LA	10.00																	10.00				
SAT	2/22	RDO									0.00																	0.00				
SUN	2/23	RDO									0.00																	0.00				
TOTALS				0.00	###	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE

DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible]

[illegible]

TIMESHEET

EMPLOYEE NAME - PLEASE PRINT	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	[illegible]	02/24/20	03/08/20

	DATE	IN	OUT	REGULAR	ANNUAL LA	5 CK LA	COMP TAKEN	HOLIDAY	OTHER	CODE (See Instructions Page)	REG TOTAL	K-Time 1.5 COMP WORKED	K-Time 1.5 COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (ex.: spec. shift TO/Escort hours, leave taken during work day) Additional instructions attached
MON	2/24				10.00					LA	10.00																		10.00				[illegible]
TUE	2/25							10.00		LH	10.00																		10.00				Mardi Gras holiday
WED	2/26				10.00					LA	10.00																		10.00				[illegible]
THU	2/27				10.00					LA	10.00																		10.00				[illegible]
FRI	2/28	RDO									0.00																		0.00				
SAT	2/29	RDO									0.00																		0.00				
SUN	3/1	RDO									0.00																		0.00				
MON	3/2	RDO									0.00																		0.00				
TUE	3/3				10.00					LA	10.00																		10.00				[illegible]
WED	3/4				10.00					LA	10.00																		10.00				[illegible]
THU	3/5				10.00					LA	10.00																		10.00				[illegible]
FRI	3/6				10.00					LA	10.00																		10.00				[illegible]
SAT	3/7	RDO									0.00																		0.00				
SUN	3/8	RDO									0.00																		0.00				
TOTALS				0.00	####	0.00	0.00	10.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct.

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct.

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

CPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	PAY PERIOD TO
[illegible]	Non-Exempt	[illegible]	[illegible]	03/09/20	03/22/20

DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMPTIME	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time		PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL					COMMENTS (ex.: ... shift/FTO/Escort hours have taken during work day. Additional instructions attached.
													WORKED	WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	WORKED	WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]							
MON 3/9				10.00					LA	10.00																	10.00					[illegible]
TUE 3/10				10.00					LA	10.00																	10.00					[illegible]
WED 3/11				10.00					LA	10.00																	10.00					[illegible]
THU 3/12				10.00					LA	10.00																	10.00					[illegible]
FRI 3/13	RDO									0.00																	0.00					
SAT 3/14	RDO									0.00																	0.00					
SUN 3/15	RDO									0.00																	0.00					
MON 3/16	RDO									0.00																	0.00					
TUE 3/17				10.00					LA	10.00																	10.00					[illegible]
WED 3/18				10.00					LA	10.00																	10.00					[illegible]
THU 3/19				10.00					LA	10.00																	10.00					[illegible]
FRI 3/20				10.00					LA	10.00																	10.00					[illegible]
SAT 3/21	RDO									0.00																	0.00					
SUN 3/22	RDO									0.00																	0.00					
TOTALS			0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE — DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR — DATE

DPSMF 1400 Rev. 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

[illegible]

[illegible]

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	[illegible]	[illegible]	[illegible]	03/23/20	04/05/20

	DATE	IN	OUT	REGULAR	ANNUAL LA	SICK LA	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	X-Time		PAID OT # 1							PAID OT # 2							DAILY TOTAL					COMMENTS (Use ADR for PTO-E except hours leave taken during work day) Additional instructions attached
														REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)													
MON	3/23				10.00					LA	10.00																	10.00					[illegible]
TUE	3/24				10.00					LA	10.00																	10.00					[illegible]
WED	3/25				10.00					LA	10.00																	10.00					[illegible]
THU	3/26				10.00					LA	10.00																	10.00					[illegible]
FRI	3/27	RDO									0.00																	0.00					
SAT	3/28	RDO									0.00																	0.00					
SUN	3/29	RDO									0.00																	0.00					
MON	3/30	RDO									0.00																	0.00					
TUE	3/31				10.00					LA	10.00																	10.00					[illegible]
WED	4/1				10.00					LA	10.00																	10.00					[illegible]
THU	4/2				10.00					LA	10.00																	10.00					[illegible]
FRI	4/3				10.00					LA	10.00																	10.00					[illegible]
SAT	4/4	RDO									0.00																	0.00					
SUN	4/5	RDO									0.00																	0.00					
TOTALS				0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct.

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct.

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Application Name

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	P[illegible]	[illegible]	04/06/20	04/19/20

	DATE	IN	OUT	REGULAR	ANNUAL LEAVE	SICK LEAVE	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time WORKED	K-Time COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS Use - split shift/FTO/Escort hours. Leave taken during work day. Additional instructions attached
MON	4/6				10.00					LA	10.00																		10.00					[illegible]
TUE	4/7				10.00					LA	10.00																		10.00					[illegible]
WED	4/8				10.00					LA	10.00																		10.00					[illegible]
THU	4/9							10.00		LHOH	10.00																		10.00					Labor Day Holiday
FRI	4/10	RDO									0.00																		0.00					
SAT	4/11	RDO									0.00																		0.00					
SUN	4/12	RDO									0.00																		0.00					
MON	4/13	RDO									0.00																		0.00					
TUE	4/14				10.00					LA	10.00																		10.00					[illegible]
WED	4/15				10.00					LA	10.00																		10.00					[illegible]
THU	4/16				10.00					LA	10.00																		10.00					[illegible]
FRI	4/17				10.00					LA	10.00																		10.00					[illegible]
SAT	4/18	RDO									0.00																		0.00					
SUN	4/19	RDO									0.00																		0.00					
TOTALS				0.00	####	0.00	0.00	10.00	0.00		80.00	0.00	0.00	0.00								0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE — DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR — DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Re: Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	[illegible]	[illegible]	[illegible]	04/20/20	05/03/20

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMPTAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	N-Time 1.5 COMP WORKED	N-Time 1.5 COMP WORKED	PAID OT #1 REGULAR OT LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	PAID OT #2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page) WORKED	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	DAILY TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS (use + sign PRIOR/OR leave hours, leave taken during work day) Additional instructions attached
MON	4/20				10.00					LA	10.00																		10.00						[illegible]
TUE	4/21				10.00					LA	10.00																		10.00						[illegible]
WED	4/22				10.00					LA	10.00																		10.00						[illegible]
THU	4/23				10.00					LA	10.00																		10.00						[illegible]
FRI	4/24	RDO									0.00																		0.00						
SAT	4/25	RDO									0.00																		0.00						
SUN	4/26	RDO									0.00																		0.00						
MON	4/27	RDO									0.00																		0.00						
TUE	4/28				10.00					LA	10.00																		10.00						[illegible]
WED	4/29				10.00					LA	10.00																		10.00						[illegible]
THU	4/30				10.00					LA	10.00																		10.00						[illegible]
FRI	5/1				10.00					LA	10.00																		10.00						[illegible]
SAT	5/2	RDO									0.00																		0.00						
SUN	5/3	RDO									0.00																		0.00						
TOTALS				0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0		

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE

DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
[illegible]	Non-Exempt	[illegible]	Unit [illegible]	05/04/20	05/17/20

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-TIME		PAID OUT							PAID OUT							DAILY TOTAL					COMMENTS
														REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)												
MON	5/4				10.00					LA	10.00																	10.00					[illegible]
TUE	5/5				10.00					LA	10.00																	10.00					[illegible]
WED	5/6				10.00					LA	10.00																	10.00					[illegible]
THU	5/7				10.00					LA	10.00																	10.00					[illegible]
FRI	5/8	RDO									0.00																	0.00					
SAT	5/9	RDO									0.00																	0.00					
SUN	5/10	RDO									0.00																	0.00					
MON	5/11	RDO									0.00																	0.00					
TUE	5/12				10.00					LA	10.00																	10.00					[illegible]
WED	5/13				10.00					LA	10.00																	10.00					[illegible]
THU	5/14				10.00					LA	10.00																	10.00					[illegible]
FRI	5/15				10.00					LA	10.00																	10.00					[illegible]
SAT	5/16	RDO									0.00																	0.00					
SUN	5/17	RDO									0.00																	0.00					
TOTALS				0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00								0.00						80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE — DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct.

SIGNATURE OF IMMEDIATE SUPERVISOR — DATE

DPSMF 1400 Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Aviation Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD FROM	TO
Wallace L. Satcher	Non-Exempt	[illegible]	[illegible]	05/18/20	05/31/20

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	K-Time		PAID OT # 1							PAID OT # 2							DAILY TOTAL					COMMENTS
														REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION OR SPECIAL DETAIL (See Instructions Page)							REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION OR SPECIAL DETAIL (See Instructions Page)												
MON	5/18				10.00					LA	10.00																	10.00					
TUE	5/19				10.00					LA	10.00																	10.00					
WED	5/20				10.00					LA	10.00																	10.00					
THU	5/21				10.00					LA	10.00																	10.00					
FRI	5/22	RDO									0.00																	0.00					
SAT	5/23	RDO									0.00																	0.00					
SUN	5/24	RDO									0.00																	0.00					
MON	5/25	RDO									0.00																	0.00					
TUE	5/26							10.00		LHDH	10.00																	10.00					Memorial Day
WED	5/27				10.00					LA	10.00																	10.00					
THU	5/28				10.00					LA	10.00																	10.00					
FRI	5/29				10.00					LA	10.00																	10.00					
SAT	5/30	RDO									0.00																	0.00					
SUN	5/31	RDO									0.00																	0.00					
TOTALS				0.00	####	0.00	0.00	10.00	0.00		80.00	0.00	0.00	0.00							0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev 5/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Air Support Unit

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD
Michael L. Belcher	Non-Exempt	[illegible]	Unit: [illegible] Dates:	FROM 06/01/20 TO 06/14/20

	DATE	IN	OUT	REGULAR	ANNUAL LEAVE	SICK LEAVE	COMPENSATORY TIME	HOLIDAY	OTHER	CODE	REG TOTAL	O-Time		PAID OT #1							PAID OT #2							DAILY TOTAL					COMMENTS (ex: split shift/FTO/Escort hours have taken during work day) Additional instructions attached
														REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)												
MON	6/1				10.00					LA	10.00																	10.00					[illegible]
TUE	6/2				10.00					LA	10.00																	10.00					[illegible]
WED	6/3				10.00					LA	10.00																	10.00					[illegible]
THU	6/4				10.00					LA	10.00																	10.00					[illegible]
FRI	6/5	RDO									0.00																	0.00					
SAT	6/6	RDO									0.00																	0.00					
SUN	6/7	RDO									0.00																	0.00					
MON	6/8	RDO									0.00																	0.00					
TUE	6/9				10.00					LA	10.00																	10.00					[illegible]
WED	6/10				10.00					LA	10.00																	10.00					[illegible]
THU	6/11				10.00					LA	10.00																	10.00					[illegible]
FRI	6/12				10.00					LA	10.00																	10.00					[illegible]
SAT	6/13	RDO									0.00																	0.00					
SUN	6/14	RDO									0.00																	0.00					
TOTALS				0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00								0.00						80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

OPSMF 1-KC Rev 6/21/2019

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

Louisiana State Police

Supervisor's Copy

TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)	FLSA Status	PERSONNEL NUMBER	TEMPORARY DOMICILE DUTY (If Applicable)	PAY PERIOD
Michael L. [illegible]	Non Exempt	[illegible]	Unit: Duties:	FROM 06/15/20 TO 06/28/20

	DATE	IN	OUT	REGULAR	ANNUAL	SICK	COMP - TAKEN	HOLIDAY	OTHER	CODE	REG TOTAL	15.0 COMP AVAILABLE	15.0 COMP WORKED	PAID OT # 1 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							PAID OT # 2 REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL (See Instructions Page)							DAILY TOTAL					COMMENTS (ex. - Sent shift/FTO/Escort hours, leave taken during work day) Additional instructions attached
MON	6/15				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
TUE	6/16				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
WED	6/17				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
THU	6/18				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
FRI	6/19	RDO									0.00																		0.00					
SAT	6/20	RDO									0.00																		0.00					
SUN	6/21	RDO									0.00																		0.00					
MON	6/22	RDO									0.00																		0.00					
TUE	6/23				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
WED	6/24				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
THU	6/25				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
FRI	6/26				10.00					LA	10.00																		10.00					Forced annual leave pending investigation
SAT	6/27	RDO									0.00																		0.00					
SUN	6/28	RDO									0.00																		0.00					
TOTALS				0.00	####	0.00	0.00	0.00	0.00		80.00	0.00	0.00	0.00								0.00							80.00	0.0	0.0	0.0	0.0	

I certify that the above information is true and correct:

EMPLOYEE SIGNATURE DATE

ELECTRONICALLY SUBMITTED

I certify that the above information is true and correct:

SIGNATURE OF IMMEDIATE SUPERVISOR DATE

DPSMF 1400 Rev. 6/21/2019

eDetail Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	15-2020
Date Range:	06/29/2020 - 07/12/2020

Created on:	11/02/2020
Created at:	03:50 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
06/29	Mo	24.00			07/06	Mo	24.00		
06/30	Tu	24.00			07/07	Tu	24.00		
07/01	We	24.00			07/08	We	24.00		
07/02	Th	24.00			07/09	Th	24.00		
07/03	Fr	24.00			07/10	Fr	24.00		
07/04	Sa	24.00			07/11	Sa	24.00		
07/05	Su	24.00			07/12	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
P00077416	Mo 06/29/2020	LA	10.00										
P00077416	Tu 06/30/2020	LA	10.00										
P00077416	We 07/01/2020	LA	10.00										
P00077416	Th 07/02/2020	LHDH	10.00										
P00077416	Tu 07/07/2020	LA	10.00										
P00077416	We 07/08/2020	LA	10.00										
P00077416	Th 07/09/2020	LA	10.00										
P00077416	Fr 07/10/2020	LA	10.00										

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	70.00							
__ANNUAL LEAVE								
LHDH	10.00							
__DESIGNATED HOLIDAY								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	41900G0400	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SD G04 RIVERBOAT ENF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

I certify that this time statement correctly reflects my absences and attendances during this pay period and that the costing herein is correct to the best of my knowledge.

Employee:_____ **Supervisor:**_____

eDetail Time Statement

Employee:	00233421	Created on:	11/02/2020
Employee Name:	MICHAEL SATCHER II	Created at:	03:50 PM
Supervisor:	STEVEN LEE	Time Status:	Positive Time Entry
Pay Period:	16-2020	PSG:	
Date Range:	07/13/2020 - 07/26/2020	Work Schedule:	24H 7DAY

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
07/13	Mo	24.00			07/20	Mo	24.00		
07/14	Tu	24.00			07/21	Tu	24.00		
07/15	We	24.00			07/22	We	24.00		
07/16	Th	24.00			07/23	Th	24.00		
07/17	Fr	24.00			07/24	Fr	24.00		
07/18	Sa	24.00			07/25	Sa	24.00		
07/19	Su	24.00			07/26	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
P00077416	Mo 07/13/2020	LA	10.00										
P00077416	Tu 07/14/2020	LA	10.00										
P00077416	We 07/15/2020	LA	10.00										
P00077416	Th 07/16/2020	LA	10.00										
P00077416	Tu 07/21/2020	LA	10.00										
P00077416	We 07/22/2020	LA	10.00										
P00077416	Th 07/23/2020	LA	10.00										
P00077416	Fr 07/24/2020	LA	10.00										

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	41900G0400	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SD G04 RIVERBOAT ENF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

I certify that this time statement correctly reflects my absences and attendances during this pay period and that the costing herein is correct to the best of my knowledge.

Employee:_____ **Supervisor:**_____

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	17-2020
Date Range:	07/27/2020 - 08/09/2020
Certified on:	08/12/2020
Certified at:	03:14 PM

Created on:	11/02/2020
Created at:	03:51 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	08/10/2020
Approved at:	05:01 PM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
07/27	Mo	24.00			08/03	Mo	24.00		
07/28	Tu	24.00			08/04	Tu	24.00		
07/29	We	24.00			08/05	We	24.00		
07/30	Th	24.00			08/06	Th	24.00		
07/31	Fr	24.00			08/07	Fr	24.00		
08/01	Sa	24.00			08/08	Sa	24.00		
08/02	Su	24.00			08/09	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Mo 07/27/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Tu 07/28/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	We 07/29/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Th 07/30/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Tu 08/04/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	We 08/05/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Th 08/06/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Fr 08/07/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	18-2020
Date Range:	08/10/2020 - 08/23/2020
Certified on:	08/24/2020
Certified at:	12:56 PM

Created on:	11/02/2020
Created at:	03:51 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	08/24/2020
Approved at:	01:52 PM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
08/10	Mo	24.00			08/17	Mo	24.00		
08/11	Tu	24.00			08/18	Tu	24.00		
08/12	We	24.00			08/19	We	24.00		
08/13	Th	24.00			08/20	Th	24.00		
08/14	Fr	24.00			08/21	Fr	24.00		
08/15	Sa	24.00			08/22	Sa	24.00		
08/16	Su	24.00			08/23	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Mo 08/10/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Tu 08/11/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	We 08/12/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Th 08/13/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Tu 08/18/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	We 08/19/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Th 08/20/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												
WF-CAT6	Fr 08/21/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual Leave												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	19-2020
Date Range:	08/24/2020 - 09/06/2020
Certified on:	09/07/2020
Certified at:	07:19 PM

Created on:	11/02/2020
Created at:	03:52 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	09/08/2020
Approved at:	09:15 AM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
08/24	Mo	24.00			08/31	Mo	24.00		
08/25	Tu	24.00			09/01	Tu	24.00		
08/26	We	24.00			09/02	We	24.00		
08/27	Th	24.00			09/03	Th	24.00		
08/28	Fr	24.00			09/04	Fr	24.00		
08/29	Sa	24.00			09/05	Sa	24.00		
08/30	Su	24.00			09/06	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Mo 08/24/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 08/25/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 08/26/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 08/27/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 09/01/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 09/02/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 09/03/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Fr 09/04/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	20-2020
Date Range:	09/07/2020 - 09/20/2020
Certified on:	09/21/2020
Certified at:	07:56 PM

Created on:	11/02/2020
Created at:	03:52 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	09/21/2020
Approved at:	02:14 PM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
09/07	Mo	24.00			09/14	Mo	24.00		
09/08	Tu	24.00			09/15	Tu	24.00		
09/09	We	24.00			09/16	We	24.00		
09/10	Th	24.00			09/17	Th	24.00		
09/11	Fr	24.00			09/18	Fr	24.00		
09/12	Sa	24.00			09/19	Sa	24.00		
09/13	Su	24.00			09/20	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
P00077416	Tu 09/08/2020	LHDH	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 09/09/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 09/10/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Fr 09/11/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Mo 09/14/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 09/15/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 09/16/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 09/17/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LHDH	10.00							
__DESIGNATED HOLIDAY								
LA	70.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	21-2020
Date Range:	09/21/2020 - 10/04/2020
Certified on:	10/06/2020
Certified at:	09:30 AM

Created on:	11/02/2020
Created at:	03:53 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	10/05/2020
Approved at:	02:53 PM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
09/21	Mo	24.00			09/28	Mo	24.00		
09/22	Tu	24.00			09/29	Tu	24.00		
09/23	We	24.00			09/30	We	24.00		
09/24	Th	24.00			10/01	Th	24.00		
09/25	Fr	24.00			10/02	Fr	24.00		
09/26	Sa	24.00			10/03	Sa	24.00		
09/27	Su	24.00			10/04	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Mo 09/21/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 09/22/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 09/23/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 09/24/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 09/29/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 09/30/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 10/01/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Fr 10/02/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	22-2020
Date Range:	10/05/2020 - 10/18/2020
Certified on:	10/19/2020
Certified at:	04:58 PM

Created on:	11/02/2020
Created at:	03:53 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	10/19/2020
Approved at:	01:19 PM
Approved by:	P00130389

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
10/05	Mo	24.00			10/12	Mo	24.00		
10/06	Tu	24.00			10/13	Tu	24.00		
10/07	We	24.00			10/14	We	24.00		
10/08	Th	24.00			10/15	Th	24.00		
10/09	Fr	24.00			10/16	Fr	24.00		
10/10	Sa	24.00			10/17	Sa	24.00		
10/11	Su	24.00			10/18	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Mo 10/05/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 10/06/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 10/07/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 10/08/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Tu 10/13/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 10/14/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 10/15/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Fr 10/16/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	80.00							
__ANNUAL LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		

eCertify Time Statement

Employee:	00233421
Employee Name:	MICHAEL SATCHER II
Supervisor:	STEVEN LEE
Pay Period:	23-2020
Date Range:	10/19/2020 - 11/01/2020
Certified on:	
Certified at:	

Created on:	11/02/2020
Created at:	03:38 PM
Time Status:	Positive Time Entry
PSG:	
Work Schedule:	24H 7DAY
Approved on:	
Approved at:	
Approved by:	

Date	Day	Plan Hrs	Start Time	End Time	Date	Day	Plan Hrs	Start Time	End Time
10/19	Mo	24.00			10/26	Mo	24.00		
10/20	Tu	24.00			10/27	Tu	24.00		
10/21	We	24.00			10/28	We	24.00		
10/22	Th	24.00			10/29	Th	24.00		
10/23	Fr	24.00			10/30	Fr	24.00		
10/24	Sa	24.00			10/31	Sa	24.00		
10/25	Su	24.00			11/01	Su	24.00		

Time and Attendance

Posted By	Date	Type	Hours	From	To	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Auto
WF-CAT6	Tu 10/20/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	We 10/21/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Th 10/22/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Fr 10/23/2020	LA	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Annual												
WF-CAT6	Mo 10/26/2020	LK	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Leave												
WF-CAT6	Tu 10/27/2020	LK	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Leave												
WF-CAT6	We 10/28/2020	LK	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Leave												
WF-CAT6	Th 10/29/2020	LK	10.00	07:00 AM	05:00 PM								
Edit	EMP/SUP Comments: Forced Leave												

Summary

Type	Total	Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order
LA	40.00							
__ANNUAL LEAVE								
LK	40.00							
__K-TIME OT 1.5 LEAVE								

Current Default Costing

Cost Ctr	Fund	Funds Ctr	WBS	Func Area	Grant	Order	Percent
4193032216	4190000201	4193032216		NOT_RELEVANT	NOT RELEVANT		100.00
__AVIATION	SG OSP 419 OMV TRNF	AVIATION		NOT_RELEVANT	NOT RELEVANT		