APPENDIX A

ALTERNATE WORK SCHEDULE TIME RECORD
(ER 37-1-20)

NAME (Last, First, MI): DOE, JOHN R.

ORGANIZATION (Include Office Symbol): CELRD-OC

PAY PERIOD: FROM: 13 Feb 00 TO 26 Feb 00

DATE	DAY OF WEEK	CLOCK TIME IN	CLOCK TIME OUT	CLOCK TIME IN	CLOCK TIME OUT	CLOCK TIME IN	CLOCK TIME OUT	TOTAL HOURS WORKED (1)	NON-PREMIUM PAY HOURS: REG PAY HOURS WORKED	HOLIDAY	ANNUAL LEAVE	SICK LEAVE	COMP TIME USED	OTHER LEAVE: TYPE	OTHER LEAVE: HOURS	TOTAL (2)	PREMIUM PAY HOURS: PAID OVERTIME	COMP TIME EARNED	PAID HOLIDAY	NON-PAY HOURS (AWOL-LWOP)	CREDIT HOURS: EARNED	USED	RUNNING BAL. BAL. FWD.
2000																							7.50
13 Feb	SUN																						
14 Feb	MON	0730	1600					8	8														7.50
15 Feb	TUE	0728	1800					10	8												2		9.50
16 Feb	WED	0725	1958					12	8								4						9.50
17 Feb	THUR	0730	2000					12	8								2				2		11.50
18 Feb	FRI	0716	1220	(NO LUNCH)				5	5			3											11.50
19 Feb	SAT	0800	1205	(NO LUNCH)				4										4					11.50
TOTAL WEEK #1																							
20 Feb	SUN																						
21 Feb	MON									8													11.50
22 Feb	TUE										8												11.50
23 Feb	WED													LWP	8								11.50
24 Feb	THUR	0630	1130	(NO LUNCH)				5	5													3	8.50
25 Feb	FRI	0630	1030	1400	1800			8	8														8.50
26 Feb	SAT	0800	1630					8										8					
TOTAL WEEK #2																							

(1) HOURS WORKED WILL BE ROUNDED DOWNWARD TO THE COMPLETE QUARTER HOUR SEGMENT ACTUALLY WORKED.

(2) TOTAL NON-PREMIUM PAY HOURS IN EXCESS OF THE DAILY WORK REQUIREMENT ARE CREDIT HOURS EARNED AND THOSE LESS THAN THE DAILY WORK REQUIREMENT ARE CREDIT HOURS USED UNLESS THE PERIOD OF ABSENCE IS CHARGED AS NON-PAY HOURS (AWOL-LWOP).

I CERTIFY THAT THE ABOVE TIME RECORD IS ACCURATE (Employee's Signature):	APPROVED (Supervisor's Signature):	POSTED TO TIME & ATTENDANCE REPORT (Timekeeper's Signature):
John R. Doe		Skw

ENG FORM 4704, May 81

REPLACES ENG FORM O-4704, NOV 79 WHICH IS OBSOLETE

* U.S.G.P.O.: 1988-523-658/00381