

FLEXITIME LOG

NAME (Last, First, Middle Initial)

PAY PERIOD ENDING (Date)

ORGANIZATION (Office Symbol)

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the claimant for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency - or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of services administration in connection with its responsibilities for records management.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

WEEK AND DAY	ARRIVAL TIME		LEAVE *		LUNCH		LEAVE **		DEPARTURE TIME	REF HRS WORKED	OVERTIME (COMPENSATORY) TIME WORKED			LEAVE SUMMARY			TOTAL HOURS (Col f & h)	
	SCHEDULED	ACTUAL	OUT	IN	OUT	IN	OUT	IN			IN	OUT	HOURS WORKED	ANNUAL	SICK	OTHER (Specify)		
	a		b		c		d				e	f	g			h		
1ST WEEK	Sun																	
	Mon																	
	Tue																	
	Wed																	
	Thu																	
	Fri																	
	Sat																	
2ND WEEK	Sun																	
	Mon																	
	Tue																	
	Wed																	
	Thu																	
	Fri																	
	Sat																	
TOTALS ----->																		

* To be completed only when leave is taken before lunch, after reporting for duty, and when returning to duty after the leave

** To be completed after lunch and when returning to duty after the leave

*** Under Hours Worked
0 - for paid C - for compensatory time.

I CERTIFY THAT HOURS WORKED AND ABSENCES REFLECTED ARE CORRECT.

EMPLOYEE'S SIGNATURE

REVIEWER'S SIGNATURE