	06/20)		NCE	HOUR	LY RI	ECORI)	AF	PPRENT	TCE NA	AME (La	ast, Fir	st, Mid	dle)									
 Print legibly. Enter completed hoursdaily. Have work center supervisor or leading Petty Officer verify an 								v and si	ian hour	s at the	end of e	each we	ek.										
4. Hav 5. Kee	e Divis p this r	ion Offic ecord a	er or De nd retair	epartme n perma	nt Head nently f	d verify a for audit pefore m	and sign purpose	hours a es and fo	nt the er uture en	nd of eac	ch montl	h.			С	OD ID	/ EDIPI	Number					
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COMM	1ENTS	:																		
NOTE	sup sup	ervisor, erviso r	at meal or Lea	s, etc., ding Pe	DO NO etty Of	should I T COUNT ficer tha alf-hour i	as wor	k exper ed the v	ience. E veekly	ight ho logs mu	ours is ous ust note	conside	ered a r	normal	workd	ay. If I	onger	hours a	re log	ged,
SIGNA	TURE O	F DIVIS	ION OF	FICER/D	EPART	MENT HE	EAD:						RAN	NK:		DA	TE:			
E-mail	addres	s:																		