

# GEORGIA DEPARTMENT OF CORRECTIONS HOURLY EMPLOYEE TIME RECORD

(FOR NON-SECURITY EMPLOYEES)  
7 DAY WORK CYCLE

<b>FACILITY/UNIT:</b>				<b>DATE STARTED:</b>		<b>DATE ENDED:</b>	
<b>NAME:</b>				<b>EMPLOYEE ID:</b>		<b>ASSIGNMENT AREA:</b>	
<b>JOB TITLE:</b>				<b>REGULAR START TIME:</b>		<b>REGULAR END TIME:</b>	
<b>DATE</b>	<b>TIME STARTED</b>	<b>TIME MEAL STARTED</b>	<b>TIME MEAL ENDED</b>	<b>TIME ENDED</b>	<b>TOTAL HRS/MINS WORKED</b>	<b>COMMENTS</b>	
<b>TOTALS</b>							
<b>I CERTIFY THAT THE ABOVE INFORMATION IS EXACT AND CORRECT:</b>							
<b>DATE:</b>		<b>EMPLOYEE'S SIGNATURE:</b>					
<b>DATE:</b>		<b>SUPERVISOR'S SIGNATURE:</b>					
<b>TOTAL HRS/MINS WORKED:</b>		<b>(+) TOTAL HRS/MINS PAID LEAVE/HOLIDAYS:</b>				<b>(-) TOTAL HRS/MINS FOR WORK CYCLE:</b>	
<b>(+) TOTAL MILITARY LEAVE:</b>		<b>(+) TOTAL COMPTIME USED (FLSA, GA, HOLIDAY):</b>				<b>TOTAL HRS/MINS GA COMPTIME DUE:</b>	
<b>MAXIMUM FLSA HOURS: 40</b>		<b>HOLIDAY COMPTIME EARNED:</b>				<b>TOTAL HRS/MINS OVERTIME DUE:</b>	

Record Retention: Upon completion, this form shall be retained for a period of three (3) full years in the local HR Office.