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Financial Administration

Time and Attendance Reporting for the Standard Army Civilian Payroll System (STARCIPS)

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SUMMARY of CHANGE

DA PAM 37-2

Time and Attendance Reporting for the Standard Army Civilian Payroll System
(STARCIIPS)

This new pamphlet sets forth procedures for preparing, certifying, and submitting Time and Attendance Reports for Army Civilians. It also provides examples for completed DA Form 4395's that reflect proper corrections, and certifications of these forms.

Financial Administration

Time and Attendance Reporting for the Standard Army Civilian Payroll System (STARCIPS)

By Order of the Secretary of the Army:

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History. This UPDATE printing publishes a new DA Pamphlet. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This pamphlet covers the preparation of DA Form 4395 (Time and Attendance Report) for Army civilians paid through the Standard Army Civilian Payroll System

(STARCIPS). It describes the procedures for preparing, maintaining, certifying, and submitting the forms. AR 37-105 is the prescribing directive for civilian pay procedures.

Applicability. This pamphlet applies to all supervisors, time and attendance clerks, and civilian employees of organizations paid by finance and accounting officers using STARCIPS. It does not apply to the Army National Guard or the Corps of Engineers.

Proponent and exception authority. Not applicable.

Impact on New Manning System This pamphlet does not contain information that affects the New Manning System.

Interim changes. Interim changes to this pamphlet are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency for this pamphlet is the Office of the Secretary of the Army. Users are invited

to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Assistant Secretary of the Army for Financial Management, ATTN: SAFM-FAP-PC, Indianapolis, IN 46249-1006.

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Contents (Listed by paragraph and page number)

Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Time and attendance functions • 1-4, page 1

Disposition of records, reports, and forms • 1-5, page 1

Chapter 2

General Posting Instructions, page 1

General • 2-1, page 1

Assignment of timekeepers • 2-2, page 1

Entries • 2-3, page 1

Certification • 2-4, page 2

Supervisor's checklist • 2-5, page 2

Submission • 2-6, page 2

Daylight saving time • 2-7, page 2

Corrected DA Form 4395 • 2-8, page 3

Supplemental DA Form 4395 • 2-9, page 3

Clock hours • 2-10, page 3

Codes • 2-11, page 3

Alternate work schedules • 2-12, page 3

Chapter 3

Detailed Instructions for Recording Data on the Front Side of the DA Form 4395 for Personnel Other Than Overseas Teachers, page 4

Establishing a DA Form 4395 • 3-1, page 4

Tour of duty • 3-2, page 4

Shift code • 3-3, page 4

Regular hours worked • 3-4, page 4

Night differential • 3-5, page 4

Authority to work overtime, compensatory time, and holiday work • 3-6, page 5

Overtime • 3-7, page 5

Compensatory time • 3-8, page 5

Sunday premium • 3-9, page 6

Holiday hours worked • 3-10, page 6

Annual leave • 3-11, page 6

Sick leave • 3-12, page 7

Chapter 4

Detailed Instructions for Recording and Documenting Data on the Reverse Side of the DA Form 4395 for Personnel Other Than Overseas Teachers, page 7

General • 4-1, page 7

Tour of duty • 4-2, page 7

Shift code • 4-3, page 7

Absence without pay (AWOP) hours • 4-4, page 7

Other leave • 4-5, page 7

Contents—Continued

Holiday leave (code “H”) • 4–6, *page 7*
Court leave (code “C”) • 4–7, *page 8*
Military leave (code “O”) • 4–8, *page 8*
Restored annual leave (code “O”) • 4–9, *page 8*
Continuation of pay (code “O”) • 4–10, *page 9*
Disability leave (code “D”) • 4–11, *page 10*
Maternity leave (code “M”) • 4–12, *page 10*
Funeral leave (code “O”) • 4–13, *page 10*
Blood donation (code “O”) • 4–14, *page 10*
Law enforcement leave (code “O”) • 4–15, *page 10*
Home leave (code “O”) • 4–16, *page 10*
Other excused absences (code “O”) • 4–17, *page 10*
Environmental differential pay for WG employees • 4–18, *page 10*
Hazardous duty pay (HDP) for GS employees • 4–19, *page 11*

Chapter 5

Time and Attendance Reporting for Overseas Teachers, *page 11*

General • 5–1, *page 11*
DA Form 4395 (Time and Attendance Report) • 5–2, *page 11*
Entries • 5–3, *page 11*
Submission • 5–4, *page 11*
Posting to the front side of the DA Form 4395 • 5–5, *page 11*
Posting to the reverse side of the DA Form 4395 • 5–6, *page 12*

Table List

Table 2–2: Fraction codes, *page 2*
Table 2–3: Shift codes, *page 3*
Table 4–2: EDP/HDP codes, *page 11*
Table 5–1: Other leave for teachers, *page 12*
Table 2–1: Pay and leave entitlements, *page 13*
Table 4–1: Determining holidays to be observed, *page 15*

Figure List

Figure 2–1: Sample of a properly certified DA Form 4395, *page 16*
Figure 2–2: Sample of a completed DA Form 4395 showing a supervisor’s correction, *page 16*
Figure 2–3: Sample of a completed DA Form 4395 for an intermittent employee—no hours worked, *page 17*
Figure 2–4: Sample of a completed DA Form 4395 showing a separation before the end of the pay period, *page 18*
Figure 2–5: Sample of a completed DA Form 4395 for a separated employee—prior pay period, *page 19*
Figure 2–6: Sample of a corrected DA Form 4395, *page 20*
Figure 2–7: Sample of a supplemental DA Form 4395, *page 21*
Figure 2–8: Sample of a completed DA Form 4395 for a compressed schedule: 4 10-hour workdays in each workweek, *page 22*
Figure 2–9: Sample of a completed DA Form 4395 for a compressed schedule: 5–4/9 Plan, *page 23*
Figure 2–10: Sample of a completed DA Form 4395 for a flexitime schedule, *page 24*
Figure 2–11: Sample of a completed DA Form 4395 showing credit hours, *page 25*
Figure 3–1: Sample of a completed DA Form 4395 for a firefighter, *page 26*
Figure 3–2: Sample of a completed DA Form 4395 for a consultant, *page 27*
Figure 3–3: Sample of a completed DA Form 4395 for a WG employee—shift differential, *page 28*
Figure 3–4: Sample of a completed DA Form 4395 showing night differential and leave taken, *page 29*
Figure 3–5: Sample of a completed DA Form 4395 showing overtime and night differential: GS employee, *page 30*

Figure 3–6: Sample of a completed DA Form 4395 for a GS intermittent employee with overtime hours, *page 31*
Figure 3–7: Sample of a completed DA Form 4395 for a WG intermittent employee with overtime hours, *page 31*
Figure 3–8: Sample of a completed DA Form 4395 for a part-time employee with overtime hours, *page 32*
Figure 3–9: Sample of a completed DA Form 4395 showing overtime for less than a 40-hour workweek, *page 33*
Figure 3–10: Sample of a completed DA Form 4395 showing compensatory hours worked and taken, *page 34*
Figure 3–11: Sample of a completed DA Form 4395 showing Sunday premium pay—irregular TOD, *page 35*
Figure 3–12: Sample of a completed DA Form 4395 showing Sunday premium hours and leave taken, *page 36*
Figure 3–13: Sample of a completed DA Form 4395 showing holiday work, holiday leave, and overtime, *page 37*
Figure 3–14: Sample of a completed DA Form 4395 showing holiday hours worked, *page 38*
Figure 3–15: Sample of a completed DA Form 4395 showing fractional leave taken, *page 39*
Figure 3–16: Sample of a completed DA Form 4395 showing advance sick leave, *page 40*
Figure 4–1: Sample of a completed DA Form 4395 showing approved LWOP, *page 41*
Figure 4–2: Sample of a completed DA Form 4395 showing AWOL hours, *page 42*
Figure 4–3: Sample of a completed DA Form 4395 showing suspension of an employee, *page 43*
Figure 4–4: Sample of a completed DA Form 4395 showing LWOP due to workers’ compensation, *page 44*
Figure 4–5: Sample of a completed DA Form 4395 for a part-time employee with holiday leave, *page 45*
Figure 4–6: Sample of a completed DA Form 4395 showing holiday leave and court leave—irregular TOD, *page 46*
Figure 4–7: Sample of a completed DA Form 4395 showing military leave for a firefighter, *page 47*
Figure 4–8: Sample of a completed DA Form 4395 showing military leave taken by an employee other than a firefighter, *page 48*
Figure 4–9: Sample of a completed DA Form 4395 showing showing restored annual leave, *page 49*
Figure 4–10: Sample of a completed DA Form 4395 showing light duty COP for an employee, *page 50*
Figure 4–11: Sample of a completed DA Form 4395 showing COP for an employee, *page 51*
Figure 4–12: Sample of a completed DA Form 4395 showing disability retirement for an employee, *page 52*
Figure 4–13: Sample of a completed DA Form 4395 showing home leave for an employee, *page 53*
Figure 4–14: Sample of a completed DA Form showing EDP for a WG employee, *page 54*
Figure 4–15: Sample of a completed DA Form 4395 showing HDP for a GS employee, *page 55*
Figure 5–1: Sample of a completed DA Form 4395 for a substitute teacher, *page 56*
Figure 5–2: Sample of a completed DA Form 4395 showing holiday leave (teachers only), *page 57*
Figure 5–3: Sample of a completed DA Form 4395 showing additional hours (teachers), *page 58*
Figure 5–4: Sample of a completed DA Form 4395 showing teacher leave, *page 59*
Figure 5–5: Sample of a completed DA Form 4395 showing teacher’s any purpose leave, *page 60*
Figure 5–6: Sample of a completed DA Form 4395 showing emergency leave (teachers only), *page 61*

Figure 5-7: Sample of a completed DA Form 4395 showing
Christmas recess (teachers only), *page 62*

Glossary

Index

RESERVED

Chapter 1 Introduction

1-1. Purpose

This pamphlet governs the procedures for preparing, maintaining, certifying and submitting DA Form 4395 (Time and Attendance Report).

1-2. References

a. Related publication. AR 37-105, Finance and Accounting for Installations: Civilian Pay Procedures.

b. Referenced forms.

- (1) DA Form 2496, Disposition Form.
- (2) DA Form 4395, Time and Attendance Report.
- (3) DA Form 4536, Civilian Employees Earnings and Leave Statement.
- (4) SF 50, Notification of Personnel Action.
- (5) SF 71, Application for Leave.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this pamphlet are explained in the glossary.

1-4. Time and attendance functions

a. The Assistant Secretary of the Army for Financial Management, through the Director of Finance and Accounting, will—

- (1) Issue procedures for preparing, maintaining, certifying, and submitting DA Form 4395's.
- (2) Supervise Army staff implementation of TA reporting procedures.
- (3) Periodically review all echelons' compliance with the procedures outlined in this pamphlet.
- b.* Commanders of major Army commands (MACOMs) and heads of Army Staff agencies will include examination of compliance with this pamphlet in regular command inspections.
- c.* Installation commanders will ensure that supervisors and timekeepers are properly trained on TA reporting responsibilities and procedures.
- d.* Immediate supervisors are responsible for the timely and accurate preparation, certification, and submission of DA Form 4395's for all their employees.

1-5. Disposition of records, reports, and forms

Disposition of civilian pay records, reports, and forms is governed by AR 25-400-2.

Chapter 2 General Posting Instructions

2-1. General

a. A properly certified DA Form 4395 must be submitted to the civilian payroll office before payment is authorized. (A sample of a properly certified DA Form 4395 is at fig 2-1.)

(1) Since it is the basis for payment, it is essential that each form accurately reflect attendance or absence, as well as information pertaining to all categories of premium pay.

(2) When DA Form 4395's must be supported by other documents, such as sick leave certification, military leave orders, and certificates of attendance, the documents must accompany the forms for the pay period during which the leave was taken or the hours were worked, or must have been previously submitted to the civilian payroll office. SF 71's are retained by supervisors.

(a) If the above documents are submitted with the DA Form 4395's, they should be assembled together and placed either directly in front of or behind the group of DA Form 4395's being submitted.

(b) The employee's social security number must be included on all substantiating documents.

b. Preprinted DA Form 4395's will be furnished timekeepers

prior to the beginning of the pay period. For new employees, timekeepers will establish a DA 4395; it will usually be two pay periods before a preprinted form will be furnished. (See para 3-1 for information on establishing a DA Form 4395.)

c. If any absence without pay (AWOP) hours have been recorded in card column (cc) 18-21 on the reverse side of the DA Form 4395, the base hours in the appropriate shift column on the front side of the form must be decreased accordingly.

d. Care must be taken in handling the DA Form 4395's. Paper clips or staples will not be used. The forms will not be folded, mutilated, or damaged in any way. Rubber bands may be used to hold together individual groups of forms being submitted.

e. After TA data has been posted to the DA Form 4395, this data is considered sensitive in nature. The reports should be secured accordingly. When it is necessary to keep posted DA Form 4395's overnight, they should be stored in a locked container.

2-2. Assignment of timekeepers

a. Supervisors may serve as timekeepers or they may designate clerical personnel to be timekeepers. Regardless of the designation of the timekeeper, the supervisor is responsible for the accuracy of the forms he or she certifies.

b. Timekeeping is a critical function. Personnel chosen as timekeepers must be competent, responsible, and trustworthy. They are expected to keep complete and accurate DA Form 4395's.

c. Timekeepers must be knowledgeable about local installation timekeeping regulations and must keep informed of all changes. They must have positive, visual knowledge of each employee's presence or absence.

d. Timekeepers should not keep DA Form 4395's for more than 50 employees. This will prevent delays in submitting the forms to the payroll office.

e. Timekeepers may not maintain the DA Form 4395's of their immediate supervisors. They may not receive or distribute checks and bonds.

f. Supervisors and timekeepers must be knowledgeable about certain pay and leave entitlements in order to post the form correctly. Table 2-1 may be used to determine some of the pay and leave entitlements for civilian employees. Contact the civilian personnel office (CPO) when a question arises concerning any of these entitlements. (*Table 2-1 is located after the last chapter of this regulation.*)

2-3. Entries

a. Attendance, absence, and all other applicable data will be recorded daily in blue or black indelible ink. Do not use felt-tip pens or erasable ink pens. Errors in posting will be corrected by drawing a single line through the incorrect entry and posting the correct data; erasures and white out are not allowed. All corrections will be initialed by the supervisor who certifies the DA Form 4395. (See fig 2-2 for sample of a completed DA Form 4395 showing a supervisor's correction.)

b. Hours worked and absences, except annual leave, sick leave, continuation of pay (COP) leave, and military leave days, will be posted in increments of one-quarter hour.

c. In making daily entries, a common fraction ($\frac{1}{4}$, $\frac{1}{2}$, or $\frac{3}{4}$) will be used to post fractional hours. When completing the PAY PERIOD TOTAL line, the fraction code or common fraction will be used as required by installation policy. (See table 2-2 for fraction codes.)

d. All payable hours in the basic workweek will be accounted for in the appropriate shift column and will include paid leave hours. AWOP hours will not be included.

e. Hours reported on the PAY PERIOD TOTAL line may be posted with zero fill or with positive hours as required by installation policy. (An example of positive hours reporting on the PAY

PERIOD TOTAL line can be found in fig 2-2).

Table 2-2
Fraction codes

Code	Designation
0	No fractional hours
2	¼ hour
5	½ hour
7	¾ hour

2-4. Certification

a. Each DA Form 4395 submitted will be signed by the designated supervisor in the space provided on the form. Facsimile signatures cannot be used.

b. The certifying supervisor's name must be typed, stamped, or printed in the certification block. The date of certification will be entered in the certification block near the supervisor's signature. The supervisor's telephone number will be entered in the space provided.

c. Supervisors must keep currently informed as to the attendance or absence of the employees for whom they are responsible so their certification of the form is meaningful.

d. At the beginning of every calendar year, each organization must give its payroll office the names of those supervisors authorized to certify DA Form 4395's. This notice should be an alphabetical list of names by work center or section signed by the activity director. Signature cards or sample signatures are not required. A supplemental notice will be sent to the payroll office to delete the name of a supervisor or alternate no longer authorized to certify DA Form 4395's and add an authorized name.

e. If the supervisor designated as the certifying official is absent, the next higher supervisor in the employee's chain of command will certify the DA Form 4395. If an acting supervisor has been so designated in writing, he or she may certify DA Form 4395's of employees temporarily under his or her supervision. The acting supervisor's name must be submitted to the payroll office on a separate supplemental notice with a designated timeframe that the individual will be certifying the forms.

f. DA Form 4395's will not be certified before the last workday of the pay period unless the reports are to be mailed to the payroll office. (See para 2-6b.)

g. When a DA Form 4395 is signed by the supervisor, the following facts are certified:

- (1) Attendance and absences shown are correct.
- (2) All absences have been approved in the category indicated.
- (3) Tour of duty (TOD) or shift shown is the regular scheduled TOD or shift.
- (4) Overtime, compensatory time, and holiday hours reported were approved per existing laws and regulations.
- (5) Employee is entitled to pay for hours shown in various pay categories (such as night differential, overtime, Sunday premium, or environmental differential pay/hazardous duty pay (EDP/HDP)).

b. Employees cannot maintain or certify their own DA Form 4395, except in rare circumstances. An employee can certify his or her own form only if it is not practical to do otherwise and authority has been given in writing by an official authorized by the OASA(-FM). Requests for deviation must be made in writing and sent through the MACOM to the ASA(FM), ATTN: SAFM-FAP-PC, Indianapolis, IN 46249-1006.

2-5. Supervisor's checklist

Supervisors are responsible for the accuracy of the DA Form 4395's they certify. Before certifying, the supervisor should make sure that—

- a. Attendance and absences are posted correctly.
- b. All leave (other than administrative, absent without leave

(AWOL), or suspension) is initiated by the employee or an SF 71 (Application for Leave) is obtained.

c. All compensatory time worked is initialed by the employee.

d. All overtime, compensatory time, or holiday work has been approved and the hours reported on the DA Form 4395 do not exceed the hours authorized.

e. All lined-through corrections are initialed by the supervisor certifying the DA Form 4395.

f. All columns are totaled and all totals are correct. All fraction codes are correct. Appropriate codes have been posted on the PAY PERIOD TOTAL line.

g. All leave taken in conjunction with temporary duty (TDY) has been recorded.

h. All required substantiating documents are included (military orders and certificates of attendance for military leave, SF 71's for restored annual leave, certificates of attendance for court leave, and so forth).

i. EDP/HDP has been approved by the CPO.

j. TOD has been posted.

k. Actual clock hours for all absences of less than a full day are posted. Actual clock hours for all time worked outside the regularly scheduled tour of duty are posted.

l. Night differential hours are reduced by annual and sick leave hours that exceed 7 hours in the pay period. (See para 3-5c for an explanation of night differential hours and leave taken.)

m. Sunday premium hours are reduced by leave hours taken on that day. (See para 3-9a(3) for an explanation of Sunday premium hours and leave taken.)

n. Base hours on the front side of the DA Form 4395 have been reduced by the number of AWOP hours reported on the reverse side of the form.

2-6. Submission

a. A DA Form 4395 must be submitted each pay period for every employee including intermittent employees. Forms for intermittent employees will be submitted even though no work was actually done. A notation will be made in the REMARKS block that the employee did not work during the pay period. The form must be certified even though no hours of work are posted. (See fig 2-3 for a sample of a completed DA Form 4395 for an intermittent employee—no hours worked.)

b. The supervisor must certify the DA Form 4395's after all the time has been recorded by the timekeeper. The form must not be returned to the timekeeper after certification. The certified forms will be sent to the payroll office in sealed envelopes. Envelopes containing DA Form 4395's will be clearly marked "Priority mail" and "Do not open in the mailroom." Local forms (including corrected and supplemental forms) will be hand-carried to the payroll office. They will not be sent through a distribution/message center. The forms should arrive in the payroll office no later than 1200 of the first regular workday following the close of the pay period. Local policy may specify a lesser time; however, the forms will not be certified prior to the last workday of the pay period unless early submission is required to allow for mail time.

c. DA Form 4395's for separated employees will be certified and submitted to the payroll office on the employee's last day of duty. Forms for separated employees will not be held until the last day of the pay period unless it is the last duty day. The REMARKS block on the reverse side of the DA Form 4395 must be annotated with the type of separation and the effective date of the separation (for example, Resignation, 26 Nov 86). (See figs 2-4 and 2-5 for samples of completed DA Form 4395's showing separations.)

d. DA Form 4395's will be submitted in the sequence requested by the payroll office (alphabetical, by social security number (SSN), and so forth).

2-7. Daylight saving time

a. Employees working a night shift on the day when daylight saving time begins may not be allowed 1 hour of administrative leave at the end of the shift to fulfill the requirement that they work 8 actual hours. Employees must use 1 hour annual leave or leave

without pay (LWOP); or, according to installation policy or union agreement, employees may be allowed to work 1 hour beyond the end of their shift.

b. When standard time goes back into effect, the employees working shifts during the time change will be credited with the actual number of hours worked. Generally, employees will be paid 1 hour of overtime on this day.

2-8. Corrected DA Form 4395

a. When a posting on a DA Form 4395 is found to be in error, the supervisor can correct the original form submitted, provided the payroll office has not completed processing DA Form 4395's for that pay period. If processing has been completed, a corrected DA Form 4395 will be submitted to the payroll office. The corrected DA Form 4395 will reflect the same entries as the original form in cc 1-15. The employee's name and the pay period ending date must also be completed. (See fig 2-6 for a sample of a corrected DA Form 4395.)

b. Corrections will be posted in the appropriate columns and the remaining postings will be exactly as originally submitted. Enter an explanation in the REMARKS block of the DA Form 4395. Enter "Corrected" on the front of the form under the pay period ending date in the certification block.

c. Certified DA Form 4395's cannot be released for correction after receipt in the payroll office. When a supervisor fails to certify a DA Form 4395, the supervisor should visit the payroll office and personally certify the original form if he or she is on an installation collocated with the payroll office. If not, the supervisor should submit a corrected DA Form 4395.

d. If prepunched DA Form 4395's are mutilated, soiled, or otherwise damaged, the timekeeper will take the steps below.

- (1) Make a new form. (See para 3-1 for information on establishing a DA Form 4395.)
- (2) Attach the damaged form to the new one.
- (3) Submit both to the payroll office.

2-9. Supplemental DA Form 4395

When late approval of overtime, compensatory time, or holiday work is received by the supervisor, a supplemental DA Form 4395 must be prepared and submitted to the payroll office. This form will show only the overtime, compensatory time, or holiday hours worked. (See fig 2-7 for a sample supplemental DA Form 4395.) The identification information on this report must be the same data as the original report for the applicable pay period. Supplemental forms may only be used to add overtime, compensatory time, or holiday work that was omitted from the original DA Form 4395. A corrected DA Form 4395 must be submitted for any other additions, deletions, or changes. (See para 2-8 for instructions on preparing a corrected DA Form 4395.)

2-10. Clock hours

The starting and ending times of day (expressed in military time) for time worked and absences of less than a full workday must be posted to the DA Form 4395. The regularly scheduled tour of duty is posted to the form in the TOUR OF DUTY column. The clock hours for all other hours worked and leave taken must be posted to the DA Form 4395 in a manner prescribed by installation policy. One of the following methods will be used:

a. Post the clock hours entry in parentheses beside the entry of overtime, compensatory time, holiday work, annual, sick, or other leave; or

b. Place a check in the REMARKS SEE REVERSE block on the front of the DA Form 4395 and post the date, number of hours, type of posting, and clock hours in the REMARKS block. (For example, 5 Jan, 6 OT, 1600-2200; 6 Jan, 2 OT, 1600-1800; 9 Jan, 2 SL, 0800-1000.)

2-11. Codes

a. The shift code is a one-digit code to designate the shift an employee worked. These codes are listed in table 2-3. (They are

used in cc 16; and when applicable, used in cc 51, (holiday).) Shift codes (other than code 1) are posted for WG employees only.

**Table 2-3
Shift codes**

Code	Designation
1	First shift
2	Second shift
3	Third shift
5	Multiple shifts ¹

Notes:

¹(Used only on total line in cc 16.)

b. The fraction code is a one-digit code to designate fractional hours on the PAY PERIOD TOTAL line. These codes are shown in table 2-2. The fraction code is not used for Sunday premium, annual and sick leave taken, or military leave days charged. Follow installation policy for use of fraction codes.

2-12. Alternate work schedules

a. The two types of schedules are as follows:

(1) Compressed schedules are those in which the basic work requirement is scheduled for less than 10 days in a biweekly pay period. For example, eight 10-hour days would complete the basic 80-hour biweekly work requirement. (See fig 2-8 for a sample format.) Employees may also, by working longer hours, complete the biweekly basic work requirements in less than 10 workdays. (See fig 2-9 for a sample format.)

(2) Flexitime schedules allow the employee to vary the time of arrival at and departure from the worksite. The basic work requirements must be met. For a full-time employee, these are 8 hours a day and 40 hours in an administrative workweek. (See fig 2-10 for a sample of a completed DA Form 4395 showing a flexitime schedule.)

(a) Under a flexitime schedule, an employee may elect to vary the length of a succeeding workweek or workday. The employee is authorized to accrue up to 24 credit hours that may be carried forward from pay period to pay period. Any credit hours worked in a pay period that exceed 24 must be taken during that pay period or they will be lost. When credit hours are taken, the employee must initial the absence or support it with an SF 71.

(b) Credit hours are posted on the reverse side of the DA Form 4395 in cc 32-36 using code "E" for those hours earned and code "T" for those hours taken. (See fig 2-11 for a sample of a completed DA Form 4395 showing credit hours.)

b. Controls must be established to ensure that adequate surveillance will be maintained to assure proper and accurate time recording. Use of one of the following methods is recommended to document actual "Work" time:

(1) TA clerks and supervisors who closely monitor arrival and departure (to include meal periods).

(2) Sign-in/sign-out sheets by time of arrival and departure (seriatim time accounting).

(3) Timeclocks or other electromechanical devices.

Note.

If the conventional TA recording method by a timekeeper is selected in a flexible or compressed work schedule environment, stricter management control must be implemented to ensure coverage throughout the tour of duty.

c. If sign-in/sign-out registers are used, the registers will supplement the DA Form 4395's. Installations that provide for flexible lunch periods should require employees to record the beginning and ending of absences away from the work area on these registers. Actual clock hours would not be required on the DA Form 4395 since the sign-in/sign-out register would be so noted. The sign-in/sign-out registers will be sent to the payroll office with the DA Form 4395.

d. The extended hours of operation may require designation of more than one timekeeper.

(1) Additional timekeepers should be assigned TODs that overlap each other. This provides surveillance over recording devices, sign-in and sign-out registers, or manual records of DA Form 4395's.

(2) When designating additional timekeepers, certain conditions should be considered.

(a) If possible, one timekeeper should arrive at the beginning of the workday and one should leave at the end of the workday.

(b) Their days off should not be the same.

(3) Additional supervisory personnel may also be needed to both supervise the work force and certify the DA Form 4395's.

e. The REMARKS block on the reverse side of the DA Form 4395 will be annotated as to the type of alternate work schedule the employee is working (flexitime, maxiflex, credit hours, and so forth).

Chapter 3 Detailed Instructions for Recording Data on the Front Side of the DA Form 4395 for Personnel Other Than Oversea Teachers

3-1. Establishing a DA Form 4395

a. When the timekeeper establishes a DA Form 4395 for a new employee or prepares a corrected or supplemental DA Form 4395, the data will be posted as follows:

(1) Enter "ZVS" in cc 1-3.

(2) Enter "A" in cc 4.

(3) If known, enter the payroll control number (PCN) in cc 5-6. If the PCN is not known, leave blank for completion by the payroll clerk.

(4) If known, enter the employee's SSN in cc 7-15. If the SSN is not known, leave it blank and the payroll clerk will fill it in.

(5) Enter the employee's name (first, middle initial, and last) in the space provided.

(6) Enter the activity code to which the employee is assigned in the COST CENTER block.

(7) Enter the pay period ending date in the PAY PERIOD block. (A corrected or supplemental DA Form 4395 will show the pay period ending date for the appropriate pay period.)

b. The REMARKS block on the reverse side of the DA Form 4395 must show the entered on duty (EOD) date for a new employee, or an explanation for a corrected or supplemental DA Form 4395.

3-2. Tour of duty

The employee's regular TOD will be shown in the TOUR OF DUTY column by inclusive time of the day (for example: clock time, 0730-1600). If the TOD covers the full pay period, the clock hours of duty will be entered only on the first workday of the pay period. If the employee's TOD changes during the pay period, the new hours of duty will be entered for the appropriate day. Schedules and changes to TODs for employees working irregular tours must be on file in the civilian payroll office. (See fig 3-1 for a sample of a completed DA Form 4395 showing a firefighter's TOD and fig 3-2 for a sample of a completed DA Form 4395 showing a consultant's TOD.)

3-3. Shift code

On preprinted and preprinted DA Form 4395's, the shift code denoting the shift to which the employee is assigned will usually appear to the right of the printed pay period ending date. No entry of shift code is required for GS employees. No entry of shift code for WG employees will be required unless the shift for a given day differs from the preprinted shift code. If the employee's shift changes during the pay period, the new shift code will be entered on the appropriate line in cc 16. (See table 2-3 for the code to be used on the total line.)

3-4. Regular hours worked

Regular hours worked for all employees will be entered in the appropriate shift field(s). Regular hours will be posted in increments of quarter hours, when applicable. If an employee was on authorized leave with pay, record regular payable hours in the appropriate shift column. Regular payable hours are not reduced by the number of paid leave hours taken.

a. 1 *ST SHIFT* (cc 17-20). Enter regular hours worked on first shift, if any (all GS employees and first shift WG employees).

b. 2 *ND SHIFT* (cc 25-28). Enter regular hours worked on second shift, if any (WG employees only). (See fig 3-3 for a sample of a completed DA Form 4395 showing second shift for a WG employee.)

(1) Second shift differential is payable for the entire shift when a majority of the WG employee's regularly scheduled nonovertime work is performed between 1500 and 2400. (See note below.)

(2) Second shift differential is additional pay at a rate of 7½ percent of the employee's rate of basic pay.

c. 3 *RD SHIFT* (cc 29-32). Enter regular hours worked on third shift, if any (WG employees only). (See fig 3-3 for a sample of a completed DA Form 4395 showing third shift for a WG employee.)

(1) Third shift differential is payable for the entire shift when a majority of the WG employee's regularly scheduled nonovertime work is performed between 2300 and 0800. (See note below.)

(2) Third shift differential is additional pay at a rate of 10 percent of the employee's rate of basic pay.

Note. Majority of hours means a number of whole hours greater than one-half (including meal breaks): for example, 5 hours of a scheduled 8-hour shift.

3-5. Night differential

a. *Entitlement.* GS employees are entitled to night differential pay for all regularly scheduled night work of 15 minutes or more that is actually performed during the hours designated as night work. (Generally, night differential is payable for hours worked between 1800 one day and 0600 the following day, excluding the meal period.) Commanding generals of overseas commands may designate any time after 1800 and any time before 0600 as the beginning and end, respectively, of night work in instances where local business customs require such action. Such designations must be in writing and will be made a part of the payroll records.

(1) *Part-time employees.* Part-time GS employees are entitled to night differential for each 15 minutes of regularly scheduled night work.

(2) *Intermittent employees.* Intermittent GS employees are not entitled to night differential unless they are temporarily assigned to a regular TOD with night work.

(3) *Student and summer aids.* Student and summer aids whose pay is set at the Fair Labor Standards Act (FLSA) minimum wage rate are entitled to night differential. The hours worked must be part of their regularly scheduled TOD.

b. *Payment.* Payment of night differential is at the rate of 10 percent of the employee's rate of basic pay.

c. *Absence on leave.* An employee is entitled to a night pay differential for a period of paid annual and/or sick leave only when the total amount of that leave in a pay period, including both night and day hours, is less than 8 hours. Only leave taken during the night work period (1800-0600) reduces the night differential entitlement on the leave day. For example, in figure 3-4 on Wednesday, 26 November 1986, the employee takes 2 hours of sick leave. Note that the night differential is only reduced by three-fourths of an hour rather than the 2 hours. This is because only three-fourths of an hour fell during the night work period (1800-0600). The other 1¼ hours of leave taken do not affect the night differential pay. An employee is entitled to a night pay differential for any period of administrative leave during the night work period. (See fig 3-4 for a sample of a completed DA Form 4395 showing night differential entitlement while on administrative leave (holiday).)

d. *Night differential and overtime.* Night differential is payable for overtime and compensatory hours worked that were scheduled prior to the beginning of the administrative workweek and worked

during the night work period. (See fig 3-5 for a sample of a completed DA Form 4395 showing overtime and night differential.)

e. Night differential and compensatory time off. When an employee takes compensatory time off during the regularly scheduled TOD, the entitlement to night differential is not affected.

f. Posting to DA Form 4395. The timekeeper will post the number of night differential hours payable in cc 21-24. Night differential is posted in increments of one-quarter hour. The meal period for each TOD must be posted in the REMARKS block on the reverse side of the DA Form 4395.

3-6. Authority to work overtime, compensatory time, and holiday work

Follow installation policy for approving overtime, compensatory time, or holiday work. Hours worked will not be posted to the DA Form 4395 until proper authorization is obtained.

3-7. Overtime

a. Generally, an employee is entitled to overtime pay for all hours worked that are officially ordered or approved and are in excess of 8 hours a day or 40 hours a week. An FLSA nonexempt employee (as defined in Federal Personnel Manual 551) is entitled to FLSA benefits to the extent the FLSA would provide a greater pay benefit than title 5, United States Code (5 USC). If 5 USC provides a greater benefit, the employee will receive that benefit.

b. Under 5 USC for each GS employee whose rate of basic pay does not exceed the rate for a GS-10 step 1, the overtime rate is one and one-half times the employee's hourly rate of pay. For each GS employee whose rate of basic pay exceeds the rate for a GS-10 step 1, the overtime rate is one and one-half times the hourly rate of basic pay for a GS-10 step 1. A WG employee's overtime rate is one and one-half times the employee's hourly rate of pay. A nonexempt employee's overtime pay must be computed under 5 USC and FLSA to determine which law provides the greater benefit.

c. Overtime cannot be paid to a GS employee whose basic rate of pay equals or exceeds the rate of a GS-15 step 10. The maximum rate does not apply to nonexempt GS employees whose FLSA benefits are greater than the benefits under 5 USC.

d. A minimum of 2 hours of overtime will be recorded if one of the following occurs:

(1) An employee is required to return to his or her place of employment for unscheduled overtime work.

(2) He or she works unscheduled overtime on a nonscheduled workday.

e. Overtime is payable to intermittent and part-time employees for work over 8 hours per day or 40 hours per week, if officially ordered or approved. (See figs 3-6, 3-7, and 3-8 for samples of completed DA Form 4395's for intermittent and part-time employees with overtime hours.)

f. Overtime will not be posted for meal or break periods.

g. There will be no entries of overtime worked for prior pay periods on the current pay period DA Form 4395. (See para 2-9 for instructions on preparing supplemental DA Form 4395's.)

h. All GS overtime is posted on cc 33-36 (first shift) regardless of the actual time the overtime is worked. (See para 3-5d for possible night differential entitlement for overtime work.)

i. WG overtime is posted in cc 33-36, cc 37-40, or cc 41-44 depending on the shift worked.

(1) The shift payable is based normally on the shift the employee is working on the day the overtime is worked. If the overtime is worked on a day off, the overtime is posted based on the shift worked the preceding workday.

(2) Overtime pay for a WG employee having a regularly rotating TOD that includes two or three shifts is computed on the rate of the employee's regularly scheduled shift in effect for the calendar day that the overtime work is performed. When the overtime work is performed on a day off, overtime pay is computed on the average rate of basic pay for all regularly scheduled shifts worked by the employee during the basic workweek. The hours worked will be posted in cc 31-36 and a note will be entered in the REMARKS

block to indicate average rate overtime hours worked. (See fig 3-3 for a sample of a completed DA Form 4395 showing average overtime hours worked.)

j. Employees must be compensated for every minute of regularly scheduled overtime. Irregular, unscheduled overtime work will be compensated for in multiples of 15 minutes. A negotiated agreement or activity policy may provide for odd minutes of irregular overtime in one of the following ways:

(1) Accumulate on a workweek basis, dropping any remaining time that is 14 minutes or less.

(2) Drop on a daily basis.

(3) Round up or down on a daily basis to the nearest quarter hour.

Note. Regularly scheduled overtime hours are those hours that were scheduled to be worked prior to the beginning of the administrative workweek. (The exact date and clock hours the work is to be done must be scheduled for each employee and the overtime must be worked during the scheduled hours.)

k. The overtime hours posted in figure 3-9 will be changed to base hours by the payroll office. The employee must work more than 8 hours on 1 day or more than 40 hours in 1 week to be entitled to overtime pay.

l. Nonexempt employees have special entitlements under the FLSA. When a question arises about these entitlements, the CPO should be contacted for a determination. The CPO is responsible for determining all pay and leave entitlements. The supervisor must work closely with the CPO to determine an employee's entitlement to overtime pay. Once the entitlement is determined, the supervisor posts the overtime hours to the DA Form 4395 in the appropriate shift column.

3-8. Compensatory time

a. Choosing compensatory time.

(1) GS employees may choose to take compensatory time off in place of occasional or irregular overtime work. Compensatory time cannot be granted for holiday work or regularly scheduled overtime work.

(2) Compensatory time off must be granted to an employee within a reasonable time after the overtime is worked. Usually, it will be granted in the same pay period; however, if the situation does not permit this, the time period may be extended. The limit for extension is the end of the 13th pay period after that in which the overtime was worked. All time off must be taken during the basic 40-hour workweek. If not taken by the end of the 13th pay period, time must be paid as overtime. The overtime rate in effect at the time the work was done will be used.

(a) Compensatory time off may not be granted to an employee whose rate of basic pay for any pay period exceeds the rate for GS-15 step 10.

(b) Compensatory time off may be granted to an employee whose rate of basic pay is less than the rate of GS-15 step 10 only when the compensatory time worked does not cause the employee's aggregate pay for that pay period to exceed the rate for a GS-15 step 10.

(3) A nonexempt GS employee may be granted compensatory time off when the compensatory time off is taken within the same workweek the overtime is worked.

(4) A nonexempt GS employee may be granted compensatory time off in a later workweek, provided the following conditions are met:

(a) The employee earns overtime entitlement under 5 USC that is equal to or greater than the overtime entitlement under FLSA.

(b) The employee makes a written request to substitute compensatory time off for overtime payment. The request must be submitted with the DA Form 4395.

b. Posting compensatory time worked. If compensatory time is granted, the timekeeper will post the hours worked in cc 55-58. The employee will initial the DA Form 4395 or submit a written statement to substantiate that he or she has agreed to work the compensatory time. (See fig 3-10 for a sample of a completed DA Form 4395 showing compensatory time worked.)

c. *Posting compensatory time taken.* As compensatory time is used, the timekeeper will post hours taken in cc 66–69. The employee will initial the DA Form 4395 or submit an SF 71 to substantiate that he or she has taken the compensatory leave. (See fig 3–10 for a sample of a completed DA Form 4395 showing compensatory time taken.)

d. *Transfer of compensatory time.* If an employee transfers to another installation or agency, the losing installation must pay for compensatory time still to the employee's credit at the time of transfer.

e. *WG employees.* WG employees are not eligible for compensatory time, except at installations with WG employees on flexitime schedules.

f. *Compensatory time off for religious observances.*

(1) When personal religious beliefs require employees to abstain from work during certain periods, they may choose to work compensatory overtime and receive, instead of overtime pay, an equal amount of compensatory time off.

(2) The compensatory overtime may be worked either before or after the period of time off. Advanced compensatory time off should be repaid within a reasonable time.

(3) Compensatory overtime worked in this manner is exempt from all other provisions of overtime and premium pay contained in 5 USC and the FLSA.

(4) Compensatory time worked and taken for religious observances will be posted in the REMARKS block on the reverse side of the DA Form 4395.

(5) Supervisors should contact the CPO to resolve any questions of entitlement concerning compensatory time for religious observances.

3–9. Sunday premium

a. *Entitlement.*

(1) Only full-time employees are entitled to Sunday premium pay for Sunday hours worked that fall within the employee's regularly scheduled TOD. Part-time and intermittent employees are not entitled to Sunday premium pay.

(2) A full-time employee is entitled to Sunday premium pay if any part of the TOD he or she works falls on Sunday. For example, if an employee works from 2315 to 0715 on Saturday and Sunday, he or she is entitled to 8 hours of Sunday premium pay for each day. (See fig 3–11 for a sample of a completed DA Form 4395 showing Sunday premium pay—irregular TOD.)

(3) Employees must actually work to be paid Sunday premium pay except for court leave, military leave, and COP leave. (See fig 3–12 for a sample of a completed DA Form 4395 showing Sunday premium hours and leave taken.)

b. *Payment.* Sunday premium pay is equal to 25 percent of the employee's rate of basic pay. Payment for Sunday premium may not exceed 16 hours per week.

c. *Posting to DA Form 4395.* Sunday premium hours will be posted in the appropriate shift field. Fractions will be used for daily entries; however, only full hours will be posted on the PAY PERIOD TOTAL line. The payroll office will compute the Sunday premium pay when fractional hours are worked.

(1) *First shift (cc 45–46).* Enter Sunday premium hours worked on first shift (all GS employees and first shift WG employees).

(2) *Second shift (cc 47–48).* Enter Sunday premium hours worked on second shift (WG employees only).

(3) *Third shift (cc 49–50).* Enter Sunday premium hours worked on third shift (WG employees only).

3–10. Holiday hours worked

a. *Entitlement.*

(1) An employee who performs work on a day designated as a legal holiday is entitled to holiday premium pay. Holiday premium pay may not exceed 8 hours and may not be paid for hours worked on a holiday that falls outside the employee's scheduled TOD. Hours worked outside an employee's scheduled TOD on a holiday are reported as overtime or compensatory time. (See fig 3–13 for a

sample of a completed DA Form 4395 showing holiday work, holiday leave, and overtime.)

(2) A part-time employee is entitled to holiday premium pay for hours worked on the holiday that correspond to his or her scheduled TOD. Hours worked on the holiday that are outside the scheduled TOD are compensated at base rates; however, those hours worked on a holiday that exceed 8 hours are compensated at overtime rates.

(3) An intermittent employee is not eligible for holiday premium pay. If work is performed on a holiday, the employee is compensated at the basic rate of pay for the first 8 hours of work and at the overtime rate of pay for any additional hours of work.

(4) Employees who work a regular TOD that extends over 2 workdays shall have their regular TOD that begins on the holiday considered their holiday. For example, a holiday falls on a Monday. The employee's TOD is 2300–0700 Sunday through Thursday. The employee's holiday begins at 2300 on Monday and goes through 0700 on Tuesday. The employee is entitled to holiday premium pay for hours worked between 2300 on Monday and 0700 on Tuesday. The holiday hours worked are posted on Monday.

b. *Payment.*

(1) An employee who performs holiday work is entitled to his or her regular pay for the day plus additional pay for the holiday work. The additional pay is paid at the employee's rate of basic pay for all holiday work. For example, an employee whose hourly rate is \$5.25 works 6 hours on a holiday. The holiday premium pay is \$31.50 ($\5.25×6). The employee also receives his or her regular pay for that day ($\$5.25 \times 8 = \42).

(2) An employee who is required to perform any work during his or her scheduled TOD on a designated holiday is entitled to pay for at least 2 hours of holiday work.

c. *Authorization required.* See paragraph 3–6 for authorization required.

d. *Posting to the DA Form 4395.*

(1) When holiday hours worked are reported, the appropriate shift code must be posted in cc 51 to designate the shift worked. (See fig 3–14 for a sample of a completed DA Form 4395 showing holiday hours worked.) For GS employees, the shift code will always be 1. For WG employees, the shift code will be the shift the employee works on the holiday.

(2) In cc 52–54, post the actual hours worked on the holiday. These hours will be posted in increments of quarter hours.

3–11. Annual leave

a. *Entitlement.* All full-time and part-time employees are entitled to annual leave provided they are appointed for 90 days or longer. If an appointment is for less than 90 days, the employee is not entitled to annual leave until after being employed for a continuous period of 90 days under successive appointments without a break in service. A break in service is 1 workday or more when the employee is not on the Government's employment rolls. Employees who work on an intermittent basis, without a regular TOD scheduled in advance, are not entitled to annual leave.

b. *Absences.* Absences for annual leave will be initialed by the employee in the INITIALS column. The employee's initials indicate that the leave was requested and taken. An SF 71 may be submitted with the DA Form 4395 instead of the employee's initials; however, use of an SF 71 should be limited to only those instances when the employee cannot initial the form. The form will be initialed or an SF 71 submitted prior to using annual leave except in cases of emergencies. SF 71's will be retained by supervisors.

c. *Advance annual leave.* All approved advances of annual leave must be submitted to the servicing civilian payroll office on DA Form 2496 (Disposition Form) with the DA Form 4395 on which the advance annual leave is posted. An SF 71 cannot be used to approve advance annual leave. Advance annual leave approval must not exceed the amount of leave the employee will earn during the leave year. Follow installation policy for approving advance annual leave.

d. *Restored annual leave.* See paragraph 4–9 for guidance.

e. *Posting to the DA Form 4395.*

(1) Annual leave taken will be posted in full hours except when

an employee's daily TOD ends in a fraction. In a case when the absence is for 1 day or less, the fraction is charged in units of full hours. However, absences occurring in the same pay period will be combined to determine the proper charge. The pay period total must not include a fraction. It is within the supervisor's discretion to round up or down the fraction remaining at the end of the pay period. (See fig 3-15 for a sample of a completed DA Form 4395 showing fractional leave taken.)

(2) When leave taken is for less than the number of hours for the employee's TOD for the day, the actual clock hours of leave must be posted to the DA Form 4395. The clock hours may be posted in parentheses beside the leave entry or on the reverse of the DA Form 4395 in the REMARKS block. If the clock hours are posted on the reverse side of the form, the REMARKS SEE REVERSE block will be checked and the REMARKS block will be annotated with the date, number of hours, type of leave taken, and the clock hours of leave (for example, 5 Jan, 4 AL, 0730-1130; 7 Jan, 3 SL, 1000-1345).

3-12. Sick leave

a. Entitlement. All full-time and part-time employees are entitled to sick leave regardless of the length of appointment. Intermittent employees who do not have a regular TOD scheduled in advance are not entitled to sick leave.

b. Absences. Absences for sick leave will be initialed by the employee in the initials column. An SF 71 may be submitted with the DA Form 4395 instead of the employee's initials; however, use of the SF 71 should be limited to only those instances when the employee cannot initial the form. A medical certificate may be required for certain absences depending on installation policy. A properly completed SF 71 may be used for the medical certificate.

c. Advance sick leave. All approved advances of sick leave must be submitted to the servicing civilian payroll office on DA Form 2496 with the DA Form 4395 on which the advance sick leave is posted. An SF 71 cannot be used to approve advance sick leave. An employee may not have a balance of more than 30 days of advance sick leave at any time. Follow installation policy for approving advance sick leave. (See fig 3-16 for a sample of a completed DA Form 4395 showing advance sick leave.)

d. Posting to DA Form 4395 Follow the procedures in paragraph 3-11e.

Chapter 4 Detailed Instructions for Recording and Documenting Data on the Reverse Side of the DA Form 4395 for Personnel Other Than Overseas Teachers

4-1. General

If an entry is required to be made on the reverse side of the DA Form 4395, place a check in the REMARKS SEE REVERSE block on the front of the form.

4-2. Tour of duty

The TOD is not required to be posted on the reverse side of the DA Form 4395.

4-3. Shift code

The shift code is not required to be posted on the reverse side of the DA Form 4395.

4-4. Absence without pay (AWOP) hours

a. Types of AWOP.

(1) *Leave without pay (LWOP) (code "1").* This is leave without pay that has been authorized by the employee's supervisor. Follow installation policy for authorizing LWOP. (See fig 4-1 for a sample of a completed DA Form 4395 showing approved LWOP.)

(2) *Absent without leave (AWOL) (code "2").* This is leave without pay that has not been authorized by the employee's supervisor.

(See fig 4-2 for a sample of a completed DA Form 4395 showing AWOL hours.)

(3) *Suspension (code "3").* Suspension is the placement of an employee in a temporary nonpay and nonduty status for disciplinary reasons. An SF 50 (Notification of Personnel Action) must be issued for all suspensions. (See fig 4-3 for a sample of a completed DA Form 4395 showing suspension of an employee.)

(4) *Furlough (code "4").* Furlough is the placement of an employee in a temporary nonpay and nonduty status because of lack of work or funds or for other nondisciplinary reasons. An SF 50 must be issued for furlough.

(5) *Workers' compensation (code "5").* LWOP is granted because of an on-the-job injury or illness. During this time the employee is expected to receive compensation from the Office of Workers' Compensation. An SF 50 must be issued for LWOP due to workers' compensation. (See fig. 4-4 for a sample of a completed DA Form 4395 showing LWOP due to workers' compensation.)

b. Posting to the DA Form 4395.

(1) Enter the appropriate AWOP code in cc 17 and the number of AWOP hours in cc 18-21. AWOP hours will be posted in increments of quarter hours.

(2) Base hours on the front side of the DA Form 4395 must be reduced by the number of AWOP hours entered on the reverse side of the form.

4-5. Other leave

a. The OTHER column on the reverse side of the DA Form 4395 will be used to post any leave taken that is not annual, sick, AWOP, or compensatory. The type of leave taken will be identified by an assigned code and a notation in the REMARKS block on the form. Certain types of "other" leave require additional substantiation which is described in the following paragraphs or required by installation policy. Types of other leave are discussed in paragraphs 4-6 through 4-16. The code will be posted in cc 22 and the number of hours of leave taken will be posted in cc 23-26. When more than one type of "other" leave is posted, code "O" will be posted on the PAY PERIOD TOTAL line.

b. Other leave is posted in increments of quarter hours except COP leave and restored annual leave. These are posted in full hour increments.

c. When an employee is absent less than a full day, the clock hours of the absence must be shown on the DA Form 4395. They may be placed in parentheses beside the leave entry, or they may be annotated in the REMARKS column. (See para 2-10 for information on posting clock hours.)

4-6. Holiday leave (code "H")

a. The employees below are entitled to holiday leave if they are in a pay status at the end of the TOD on the workday immediately preceding the holiday, or at the beginning of the TOD on the workday immediately following the holiday.

(1) Employees who are paid on a per annum basis (except firefighters).

(2) Employees who are paid on an hourly basis and have appointments not limited to 90 days or less, or have been currently employed for a continuous period of more than 90 days under one or more appointments without a break in service.

(3) Eligible part-time employees who are prevented from working on a regularly scheduled workday because of the legal observance of a holiday. (See fig 4-5 for a sample of a completed DA Form 4395 for a part-time employee with holiday leave.)

b. When an activity is closed for an "in lieu of" holiday that falls on a part-time employee's regularly scheduled workday and that employee is prevented from working on that day, he or she may be granted administrative leave, rather than holiday leave, with no charge made to annual leave, sick leave, or LWOP. For example, a part-time employee with a Tuesday through Saturday workweek may be granted administrative leave when the workplace is closed on Saturday by administrative order because of a Monday holiday. Administrative leave granted for these employees will be posted as code "O" rather than code "H."

c. The day to be observed as the holiday is determined as follows:

(1) When the holiday falls on a workday, the workday will be the holiday.

(2) When the holiday falls on the first nonworkday in the administrative workweek, the next workday will be the holiday. When the holiday falls on the second nonworkday in the administrative workweek, the preceding workday will be the holiday. (See fig 4-6 for a sample of a completed DA Form 4395 showing holiday leave for an employee working an irregular TOD.)

(3) Table 4-1 should be used to determine which day is to be observed as the employee's holiday. (*Table 4-1 is located after the last chapter of this regulation.*)

d. Legal holidays are as follows:

- (1) The 1st day of January.
- (2) The third Monday in January.
- (3) The third Monday in February.
- (4) The last Monday in May.
- (5) The 4th day of July.
- (6) The first Monday in September.
- (7) The second Monday in October.
- (8) The 11th day of November.
- (9) The fourth Thursday in November.
- (10) The 25th day of December.
- (11) Any other calendar day designated as a holiday by statute or Executive Order.

4-7. Court leave (code "C")

a. Civilian employees, other than intermittent employees, are authorized court leave for—

- (1) Jury duty service.
- (2) Attending judicial proceedings in a nonofficial capacity as a witness on behalf of a State or local government.
- (3) Attending judicial proceedings in a nonofficial capacity as a witness on behalf of a private party when the United States, District of Columbia, a State, or local government is a party.

b. Court leave is not appropriate for attending judicial proceedings as a witness when the Federal, State, or local government is not a party. The employee must take annual leave or LWOP.

c. Commanders of installations may require employees excused from court duty for all or most of the day to either return to duty or suffer a charge against annual leave.

d. When an employee is called for court service (as a witness or juror), the court order, subpoena, or summons, if one was issued, must be presented to the supervisor as far in advance as possible. When the court service is completed, the employee must obtain a certificate of attendance from the clerk of court or other appropriate official. The certificate will show inclusive dates of jury duty or witness service and amount of fees paid. The certificate of attendance must be submitted with the employee's DA Form 4395 on which the court leave is posted. If this is not possible, a notation will be made in the REMARKS block as to when the certificate will be submitted. The supervisor is responsible for submitting the certificate by the date specified. (See fig 4-6 for a sample of a completed DA Form 4395 showing court leave.)

e. Fees received for jury duty and witness service cannot be kept by the employee. They must be turned in to the servicing payroll office or they will be collected by payroll deduction. The employee may keep mileage fees. If a State has defined the amounts received by employees for court service as expenses rather than fees, the employee may keep reimbursements for these expenses.

f. An employee is entitled to his or her regular pay while on court leave. This includes Sunday premium, night or shift differential, regularly scheduled overtime pay, holiday pay, standby duty pay, and FLSA overtime pay. (See fig 4-6 for a sample of a completed DA Form 4395 showing holiday leave and premium pay.)

4-8. Military leave (code "O")

a. *Definition.* Military leave is granted to an employee for the

purpose of performing active duty or active duty for training. Military leave is not authorized for periods of inactive duty training (usually weekend duties).

b. *Entitlement.*

(1) Eligible employees serving under permanent or temporary indefinite appointments, temporary appointments pending establishment of a register (TAPER), term appointments, or temporary appointments of 1 year or more, are credited with 15 days of military leave at the beginning of each fiscal year. Part-time career employees (16-to 32-hour tour per week) are entitled to military leave on a prorated basis. Determine the number of days by dividing 40 into the number of hours in the employee's regularly scheduled workweek for that fiscal year and multiplying by 15.

(2) Employees with temporary appointments of less than 1 year, temporary appointments not to exceed 1 year, or intermittent appointments are not entitled to military leave.

(3) An employee is entitled to his or her regular pay while on military leave. This includes Sunday premium, night or shift differential, regularly scheduled overtime pay, holiday pay, standby duty pay, and FLSA overtime pay.

(4) Unused military leave may be carried forward to the next fiscal year. Not more than 30 days of military leave may be taken per fiscal year. When no military leave has been taken during a fiscal year, the employee must provide certification of carry-over entitlement from his or her commanding officer, executive officer, or adjutant.

c. *Substantiation.* Military leave taken must be supported by a copy of the orders directing the employee to active military duty. The employee must submit official evidence of performance of military duty, such as a certificate of attendance signed by the unit personnel officer or a copy of the pay voucher, on return to civilian duty. These documents must be submitted with the employee's DA Form 4395 on which the military leave is posted. If this is not possible, a notation will be made in the REMARKS block as to when the certificate will be submitted. The supervisor is responsible for submitting the certificate by the date specified.

d. *Posting to the DA Form 4395.* In addition to posting the number of duty hours under OTHER, the number of military days used must be posted in cc 37-38. The military leave period is computed on a calendar day basis, not a workday basis. (See fig 4-7 for a sample of a completed DA Form 4395 showing military leave for a firefighter.) Nonworkdays (including holidays) at the beginning or end of the active duty period are not charged; however, intervening nonworkdays are. For example, an employee has a weekly TOD of Monday through Friday. Military orders were received that had a beginning date of 22 November 1986 with a return date of 7 December 1986. The first weekend (22 and 23 November) and the last weekend (6 and 7 December) were not posted to the DA Form 4395. They were not charged against the 15 days. The intervening weekend (29 and 30 November) and holiday (27 November) were posted to the DA Form 4395. They were counted against the 15 days because they fell within the period of absence. (See fig 4-8 for a sample of a completed DA Form 4395 showing military leave taken by an employee other than a firefighter.)

4-9. Restored annual leave (code "O")

a. Requests for restored annual leave must be submitted by the employee to the CPO. Approved requests will be sent to the payroll office to establish a separate leave account.

b. Local guidelines will be followed for the use of restored leave. Generally, restored leave must be used within 2 years; however, in the case of small amounts (such as 5 days or less), an employee may be required to use the restored leave before using current leave accruals.

c. Restored leave balances will not be reflected on the employee's DA Form 4536 (Civilian Employees Earnings and Leave Statement). The supervisor will maintain a manual record of restored annual leave balances for each employee.

d. The employee must request annual leave on an SF 71 if it is to be charged to the restored leave account. The request must clearly state the dates and amount of leave to be charged.

e. Restored annual leave is posted to the OTHER column on the reverse side of the DA Form 4395 in full hours. A note will be made in the REMARKS block of the restored annual leave used. (See fig 4-9 for a sample of a completed DA Form 4395 showing restored annual leave.)

4-10. Continuation of pay (code "O")

a. *Entitlement.* Civilian employees are entitled to medical care and compensation for absences due to traumatic on-the-job injuries. Eligible employees are entitled to up to 45 calendar days of continuation of pay (COP) for each occurrence of injury. In order to qualify for COP, the employee must file a written notice of the claim within 30 days of the date of injury. The first day of COP leave must be taken within 6 months from the date of injury.

b. *Authorization.* The supervisor or CPO must send an authorization for the 45 days of COP to the payroll office with the employee's DA Form 4395 on which the first day of COP is posted. The authorization to payroll should be submitted on DA Form 2496 and should read as follows:

"(Employee's name) has stopped work because of a job-related traumatic injury sustained on (date). It has been determined that (he or she) is entitled to continuation of pay not to exceed (date) per the provisions of 5 USC 8118. (His or her) first scheduled duty day after the date of the injury was (date)."

c. *Charging COP days.*

(1) Time the employee takes off must be certified by a physician as necessary due to the injury. For example, when a physician releases an employee on Friday, 10 February, COP leave would be charged through the 10th. If the employee did not return to work until Wednesday, 15 February, 11 through 14 February would not be counted as COP days, but rather as sick leave, annual leave, or LWOP, depending on the circumstances. However, if on 10 February the doctor states the employee is not fit for duty until 15 February, 11 through 14 February would be counted as COP days. In the case of a followup visit that occurs on a Friday, the employee who returns to work on Monday is charged 1 day of COP leave (Friday).

(2) If the day of the injury is in the regularly scheduled workweek, it will be posted on the DA Form 4395 as regular duty hours. If the employee does not return to work following the injury, COP leave starts with the first scheduled day of duty after the date of injury. If the employee is injured on the installation before his or her shift begins, the day of the injury will be the first day of COP.

(3) Days of COP leave need not be successive.

(a) For example, an employee is injured on 1 May, files a claim on 2 May, and is off from work from 1 May through 10 May, returning to work on 11 May. The first day of COP leave would be 2 May and he or she would have used 9 days of COP leave. The employee would still be entitled to 36 days of COP leave if he or she incurs additional time loss because of the injury as certified by the treating physician. The employee has 6 months from the date he or she returns to work to take the remaining 36 days.

(b) If the same employee received followup medical care on 15 May, the employee could claim COP entitlement for that day and successive days of time loss that the physician stated were due to the original injury.

(c) Since the employee's date of return to work was 11 May, the last day that this employee would be eligible to begin COP leave would be 11 November. Starting with 12 November, the employee would have to file a workers' compensation claim for time loss. If any of the 45 COP days were remaining as of 12 November, and the employee had not begun another period of disability, he or she would lose entitlement to them.

(4) In counting COP days, use calendar days—not work days. This includes holidays and days off. Only days are counted (that is, if 1 hour is used to see a physician and 7 hours are worked, it is still counted as 1 day of COP leave).

(5) The examples given below show whether or not to count holidays or regular nonworkdays of the week as part of the 45-day

entitlement. In these examples, Saturday and Sunday are the regular nonworkdays. A holiday would be considered the same as the nonworkdays in these examples.

(a) Off work a part of Friday or a part of Monday. Do not count Saturday and Sunday, assuming the employee was not disabled on either Saturday or Sunday unless the medical evidence shows otherwise.

(b) Off work a full day on Friday or Monday. Do not count Saturday and Sunday, assuming the employee was not disabled on either Saturday or Sunday unless the medical evidence shows otherwise.

(c) Worked full day on Friday and off full day on Monday and Tuesday. Do not count Saturday and Sunday, assuming the employee was not disabled on Saturday and Sunday unless the medical evidence shows otherwise.

(d) Off work all or part of Thursday and off work all of Friday and worked all of Monday. Count Saturday and Sunday, assuming the employee was disabled on Saturday and Sunday unless the medical evidence shows otherwise.

(e) Off work a part of Friday and all of Monday. Count Saturday and Sunday, assuming the employee was disabled on Saturday and Sunday unless the medical evidence shows otherwise.

(f) Off work all of Friday and part of Monday. Count Saturday and Sunday, assuming the employee was disabled on the Saturday and Sunday unless the medical evidence shows otherwise.

d. *Charging COP for light duty assignment.*

(1) Light duty COP is only charged when the CPO processes an SF 50 to change the employee to a lower grade, or to lower pay, or to a job that results in a loss of salary (that is, night (shift) differential, Sunday premium, and so forth).

(2) During the 45-day period, all days from the effective date of the reassignment to the lower grade and/or pay, until the employee is assigned back to his or her regular grade and/or pay, are charged as COP days even though the employee is actually working. The number of days of light duty COP each pay period must be recorded in the REMARKS block of the DA Form 4395.

(3) If the employee takes a day of annual leave in the middle of this period of reassignment, the day is charged to annual leave. However, it is also charged against the 45 calendar days of COP. Only the annual leave is posted to the DA Form 4395. A notation is made in the REMARKS block for the light duty COP days charged. (See fig 4-10 for a sample of a completed DA Form 4395 showing light duty COP.)

(4) When reporting a compensation case, the rate of pay to be reported for light duty COP is the difference between the employee's position before the reassignment and the lower grade and/or pay position. During the 45 days, the employee is entitled to his or her pay for the position from which reassigned. For example, if a GS-5 step 1 employee is changed to a GS-4 step 1 position, he or she is entitled to the pay that would have been received had he or she remained at a GS-5 step 1 during the 45-day period. The COP amount to be reported is the difference between the pay of the GS-4 step 1 and the GS-5 step 1.

e. *Buy-back of leave.* An employee who uses annual and/or sick leave for time lost from work due to an injury may "buy back" the annual and/or sick leave when the Office of Workers' Compensation Program (OWCP) approves a claim for Federal Employees Compensation Act (FECA) compensation. The supervisor must prepare corrected DA Form 4395's for the period involved and charge the employee LWOP instead of annual and/or sick leave. When payment is made for the entire amount of annual and/or sick leave, the leave will be reinstated to the employee.

f. *Posting to DA Form 4395.*

(1) As was indicated in c(4) above, if an employee takes only 1 hour of COP leave and works the other 7 hours, 1 full day of COP leave is charged against the 45 days. The number of COP days charged is posted in the REMARKS block on the reverse side of the DA Form 4395. The timekeeper or supervisor must establish a suspense date for the 45 days to ensure the maximum number of days are not exceeded. However, only the actual number of hours

absent from duty due to the injury are posted in the OTHER column. (See fig 4-11 for a sample of a completed DA Form 4395 showing COP.)

(2) Because COP leave is used instead of sick leave or annual leave, it must be posted in full hour increments.

4-11. Disability leave (code "D")

Leave granted to an employee who is pending separation for disability retirement may be taken as sick leave, annual leave, or LWOP. However, only those hours that are paid as sick leave are reported on the DA Form 4395 as disability leave. Sick leave must also be posted in cc 63-65 on the front of the form. Only code "D" and disability leave hours reported are posted on the PAY PERIOD TOTAL line. (See fig 4-12 for a sample of a completed DA Form 4395 showing disability leave.)

4-12. Maternity leave (code "M")

Leave granted to an employee for maternity reasons (doctor's appointments, hospital confinement, and recovery at home) may be taken as sick leave, annual leave, or LWOP. However, only those hours that are paid as sick leave are reported on the DA Form 4395 as maternity leave. Sick leave must also be posted in cc 63-65 on the front of the form. Only code "M" and maternity hours reported are posted on the PAY PERIOD TOTAL line. Posting for maternity leave is the same as disability leave.

4-13. Funeral leave (code "O")

a. Definition. Funeral leave is granted to employees to make arrangements for, or attend, the funeral of an immediate relative who dies from disease or injury while on active duty in a combat zone. Immediate relatives are the employee's—

- (1) Spouse and his or her parents.
- (2) Children, including adopted children, and their spouses.
- (3) Parents.
- (4) Brothers and sisters and their spouses.

(5) Any person related by blood or marriage whose close association with the deceased was the equivalent of a family relationship.

b. Entitlement. An employee is entitled to no more than 3 workdays of leave without loss of pay to which he or she is otherwise entitled.

4-14. Blood donation (code "O")

Employees who donate blood will be authorized excused leave. The maximum excusal time will not exceed 4 hours, except in unusual cases as defined in installation policy. The 4 hours is for recuperation purposes and must be used on the day blood is donated. When the employee must travel a long distance or when unusual need for recuperation occurs, up to an additional 4 hours may be authorized. Excused leave is authorized for employees who volunteer as blood donors without compensation to—

- a.* The American Red Cross.
- b.* Military hospitals.
- c.* Blood banks.
- d.* Emergency calls for needy individuals.

4-15. Law enforcement leave (code "O")

a. Employees in the Army National Guard or U.S. Army Reserve are authorized up to 22 workdays each calendar year for law enforcement leave. This is not charged to annual leave. Annual leave or military leave cannot be substituted for law enforcement leave, even if it results in loss of annual leave.

b. Any amount (other than travel, transportation, or per diem allowance) received by the employee for law enforcement leave for normal workdays will be credited against the amount payable with respect to the civilian position for the same period.

c. The employee must provide the payroll office a copy of the pay voucher received for performing law enforcement duties.

4-16. Home leave (code "O")

a. Generally, an employee is entitled to home leave when he or

she has completed a basic service period of 24 months of continuous service abroad. He or she must meet the requirements for accumulation of a maximum of 45 days of annual leave.

b. The civilian personnel office determines the earning rate of home leave for eligible employees. There is no maximum amount of home leave that may accrue to an employee's credit.

c. The minimum charge for home leave is 1 day and additional charges are in multiples of 1 day. (See fig 4-13 for a sample of a completed DA Form 4395 showing home leave.) Home leave requested and taken will be documented according to local policy.

4-17. Other excused absences (code "O")

a. An excused absence is an absence from duty administratively authorized without loss of pay or charge to leave. Ordinarily, excused absences are authorized on an individual basis, except where an installation is closed, or a group of employees is excused from work for various reasons.

b. The following types of leave are included:

- (1) Taking examinations for the employee's current position.
- (2) Attending conferences or conventions. (Maximum excusal is 5 workdays per calendar year.)
- (3) Representing employee organizations.
- (4) Participation in a military funeral. (Maximum excusal is 4 hours.)
- (5) Civil defense activities. (Maximum excusal is 40 hours in a calendar year.)
- (6) Registration and voting.

c. Consult installation regulations for the various types of administrative leave authorized and the authorization documents required.

4-18. Environmental differential pay for WG employees

a. Entitlement. The CPO determines the entitlement to environmental differential pay (EDP). The CPO must furnish a list to the payroll office of all employees who are authorized EDP and the appropriate percentage.

b. Payment.

(1) The amount of EDP that is payable is determined by multiplying the percentage rate authorized for the exposure by the basic hourly rate of a WG 10 step 2. That amount is then multiplied by the number of EDP hours to be paid.

(2) EDP is included as part of the employee's basic rate of pay for computation of overtime, holiday pay, Sunday premium, and the amount of retirement and life insurance deductions.

(3) EDP is paid either on the basis of actual exposure or on the basis of hours in a pay status, depending on the type of exposure.

(4) When an employee is entitled to a differential that is paid on an actual exposure basis, he or she shall be paid a minimum of 1 hour's differential for each exposure. However, when more than one exposure occurs within the same hour, the employee shall be paid only the exposure that results in the highest differential. When entitlement continues beyond 1 hour, the employee will be paid in quarter hour increments for each 15 minutes and portion thereof in excess of 15 minutes.

c. Posting to DA Form 4395. Follow guidance below for posting EDP. (See fig 4-14 for a sample of a completed DA Form 4395 showing EDP.)

(1) Post EDP in increments of quarter hours.

(2) Enter the EDP code in cc 41 and/or 46 and the number of hours in cc 42-45 and/or cc 47-50. EDP/HDP codes are shown in table 4-2. If two types of EDP hours are worked, enter one type in each field showing the appropriate type and the number of hours. If more than two types of EDP hours are worked, enter the highest percent exposure in the first field (cc 41-45) and the other types in the second field (cc 46-50).

Table 4-2
EDP/HDP codes

Code	Percentage
A	100
C	50
E	25
F	15
G	8
H	4
J	(see note)
K	6

Notes:

¹ Used only on the PAY PERIOD TOTAL line when more than one code is reported.

4-19. Hazardous duty pay (HDP) for GS employees

a. Entitlement. The CPO determines the entitlement to HDP. The CPO must furnish a list to the payroll office of all employees who are authorized HDP and the appropriate percentage.

b. Payment.

(1) The amount of HDP that is payable is determined by multiplying the percentage rate authorized for the exposure by the employee's hourly rate of pay. That amount is then multiplied by the number of HDP hours to be paid.

(2) HDP is not included as part of the employee's basic rate of pay for computation of overtime, holiday pay, Sunday premium, or the amount of retirement and life insurance deductions.

(3) HDP is paid for all hours in a pay status the day on which the exposure occurs.

(4) Payment of EDP is not subject to the limit placed on other premium pay. (The limit states a GS employee's basic pay, plus premium pay, cannot exceed the rate of a GS-15 step 10 in any pay period.)

(5) HDP may not be more than 25 percent of the employee's rate of basic pay.

c. Posting to DA Form 4395. Follow procedures in paragraph 4-18c. (See fig 4-15 for a sample of a completed DA Form 4395 showing HDP.)

Chapter 5
Time and Attendance Reporting for Overseas Teachers

5-1. General

This chapter governs special reporting requirements, not previously discussed, for teacher personnel assigned in Europe. It is not intended for any other personnel.

5-2. DA Form 4395 (Time and Attendance Report)

This form is used for reporting time worked and leave taken. It requires the use of both sides.

5-3. Entries

a. All time recorded on the front side of the DA Form 4395 for hours worked or leave taken will normally be in increments of 4 hours—1 day or one-half day—except additional hours worked that will be recorded in 1 hour increments.

b. Daily hours will be shown as a whole number for any hours worked (form example, 8, 4). The PAY PERIOD TOTAL will be shown as a four-digit number with the last digit being the fractional code per paragraph 2-11b (for example, 0800, 0400).

c. All payable hours in the basic workweek will be accounted for in the 1 ST SHIFT field and will include paid leave. Exclude AWOP hours.

d. For full-time teachers, show 8 hours in the 1 ST SHIFT field

for each workday including days on paid leave. For part-time teachers and kindergarten teachers on half-day sessions, show their regularly scheduled tour and post 4 hours daily including days on paid leave. Substitute teacher hours, if any, will be posted for either 4- or 8-hour periods each day work was performed. (See fig 5-1 for a sample of a completed DA Form 4395 for a substitute teacher.)

e. Full-time and part-time teachers will be paid for each calendar day that is a regularly scheduled holiday, including the winter and spring recess periods. These hours will be recorded in the 1 ST SHIFT column on the front side of the DA Form 4395 with the REMARKS SEE REVERSE block checked. The reverse side of the form will show all these holiday and recess hours under OTHER with the code "O." (See fig 5-2 for a sample of a completed DA Form 4395 showing holiday leave for a teacher.)

5-4. Submission

a. A DA Form 4395 must be submitted for each pay period for each teacher, including substitute teachers. Reports for the latter will be submitted even though no work was actually performed. A notation will be made in the REMARKS block to the effect that the employee did not perform work during the pay period. Failure to submit reports to meet due dates may delay payment to teachers.

b. After completion and certification by the supervisor, DA Form 4395's will be delivered to the 266th Theater Finance Center, Europe, Civilian Pay Operations, Payroll Division, APO NY 09007-0137, or other locally designated place, not later than 1200 on the first workday following the close of the pay period. DA Form 4395's for teachers separated on other than the last day of the pay period will be submitted immediately following the last duty day.

c. Mailed DA Form 4395's must be in the Civilian Pay Operations office not later than the close of business Monday following the end of the pay period; or, when Monday is a nonworkday, by 1200 on the first workday thereafter.

5-5. Posting to the front side of the DA Form 4395

In addition to the procedures covered in chapter 3, the following instructions are provided for posting the DA Form 4395 for teacher personnel:

a. DIC. (cc 1-3). Enter "ZYB."

b. DEP. CD. (cc 4). Enter "20A" for regular teachers and "24A" for substitute teachers.

c. SH. CD. (cc 16). Leave blank.

d. 1 ST SHIFT (cc 17-20). Enter payable hours for both regular time worked and authorized paid leave. In making daily entries, teacher hours will be reported in increments of 4 hours. In computing the PAY PERIOD TOTAL line, however, the fraction code "O" will be used to denote no fraction hours.

e. ND (GS), 2 ND SHIFT, and 3 RD SHIFT (cc 21-32). Leave blank.

f. OVERTIME HRS, 1 SH. (cc 33-36). Enter additional teacher hours in increments of 1 hour payable for duty as dormitory supervisor not to exceed 10 hours in the pay period. (See fig 5-3 for a sample of a completed DA Form 4395 showing additional teacher hours).

g. OVERTIME HRS., 2 SH., and 3 SH. (cc 37-44). Leave blank.

h. SUN. PREM., 1 SH., 2 SH., and 3 SH. (cc 45-50). Leave blank.

i. HOL. HRS. WKD. (cc 51-54). Leave blank.

j. COMP. HRS. WKD. (cc 55-58). Leave blank.

k. LEAVE TAKEN—ANN. (cc 59-62). Leave blank.

l. LEAVE TAKEN—SICK (cc 63-65). Enter teacher leave in increments of 4 hours. (See fig 5-4 for a sample of a completed DA Form 4395 showing teacher leave.) In the case of teachers who use leave that was earned under another leave system, enter such leave taken in the REMARKS block for manual processing by the payroll clerk.

m. LEAVE TAKEN—COMP. (cc 66-69). Enter teacher's any purpose leave (APL) taken in whole hours. The PAY PERIOD TOTAL line should show a four-digit total using the fraction code "O" to indicate no fraction hours. For example, 8 hours APL would

be recorded as 0080 on the PAY PERIOD TOTAL line. (See fig 5-5 for a sample of a completed DA Form 4395 showing a teacher's any purpose leave.)

n. Prominently check REMARKS SEE REVERSE block if applicable.

o. PAY PERIOD TOTAL. Enter the total for each column that shows daily entries. 1 ST SHIFT totals will be shown as a four-digit number with the last digit code for no fractional hours. (See *d* above.) AWOP hours will cause a reduction in payable hours. Teacher leave (sick leave) taken will be recorded on the PAY PERIOD TOTAL line without the fraction code. All other totals will show the fraction code "O".

5-6. Posting to the reverse side of the DA Form 4395

This side of the form will be left blank unless TA actions occur during the reporting period pertaining to the respective columns on the reverse side, such as AWOPs and certain absences with pay. If so, the reverse side will be completed as stated below.

a. Card columns 1-15. Complete, if necessary, in the same manner as the front of the form except that "ZVT" will be entered.

b. TOUR OF DUTY. Leave blank.

c. SH. CD (cc 16). Leave blank.

d. AWOP-CD. and HRS. (cc 17-21). Enter the code to identify the specific type of AWOP in cc 17. (See para 4-4 for the different types of AWOP.) Periods of AWOL are charged in multiples of 15 minutes; however, the teacher will be carried in a teacher's leave or LWOP status for either a one-half or full-day period as appropriate.

e. OTHER-CD. and HRS. (cc 22-26). Enter the code to identify the specific type of leave and the number of hours in either one-half or full-day periods. Table 5-1 lists each type of other leave to be posted for teachers. The 1 ST SHIFT column hours on the front side of the DA Form 4395 will not be reduced by the hours entered under OTHER. (See fig 5-6 for a sample of a completed DA Form 4395 showing a teacher on emergency leave. Fig 5-7 shows a sample DA Form 4395 that reflects Christmas recess for teachers.)

Note.

Maternity leave and emergency leave will also be recorded as teacher's leave, cc 63-65 (sick leave column) on the front of the form.

f. LSL and HOURS (cc 27-31). Leave blank.

g. MISC. HRS. CD. and MISC. HRS. (cc 32-36). Leave blank.

h. MIL. LV. DAYS (cc 37-38). Enter military leave days used including nonworkdays within a period of active duty. Card columns 17-20 of the front of the DA Form 4395 and cc 22-26 of the reverse side of the form will also be completed. Provide explanation of leave in the REMARKS block and forward substantiating documents per paragraph 4-8.

i. Card columns 39-50. Leave blank.

j. REMARKS. Enter any notes or information necessary to explain or clarify data recorded on the DA Form 4395. (May include any pertinent information regarding pending actions also.)

Table 5-1
Other leave for teachers

Code	Designation
E	Emergency or rescue leave taken.
C	Court leave taken.
D	Disability leave taken.
M	Maternity leave taken.
O	Other leave taken. (See note)

Note:

¹ Military leave, holiday leave, teacher's recess periods, or combination of above.

**Table 2-1
Pay and leave entitlements**

		Employee Entitlements													
	Type of appointment	Night Diff ¹	Shift Diff	Sun Prem	Hol LV ²	Hol Work ³	HDP	EDP	AL	SL	CL	ML	Law Enf Lv	Admin Lv	LSL
GS	Full-time permanent	X	O	X	X	X	X	O	X	X	X	X	X	X	X
GS	Full-time temporary (1 year or more)	X	O	X	X	X	X	O	X	X	X	X	O	X	X
GS	Full-time temporary (90 days or more)	X	O	X	X	X	X	O	X	X	X	O	O	X	X
GS	Full-time temporary (Less than 90 days)	X	O	X	X	X	X	O	O	X	X	O	O	X	O
GS	Part-time permanent	X	O	O	X	X	X	O	X	X	X	X ⁵	O	X	X
GS	Part-time temporary (1 year or more)	X	O	O	X	X	X	O	X	X	X	X ⁵	O	X	X
GS	Part-time temporary (90 days or more)	X	O	O	X	X	X	O	X	X	X	O	O	X	X
GS	Part-time temporary (less than 90 days)	X	O	O	X	X	X	O	O	X	X	O	O	X	O
GS	Intermittent	X ⁶	O	O	O	O ⁴	X	O	O	O	O	O	O	O	O
WG	Full-time permanent	O	X	X	X	X	O	X	X	X	X	X	X	X	X
WG	Full-time temporary (1 year or more)	O	X	X	X	X	O	X	X	X	X	X	O	X	X
WG	Full-time temporary (91 days or more)	O	X	X	X	X	O	X	X	X	X	O	O	X	X
WG	Full-time temporary (90 days)	O	X	X	O	O ⁴	O	X	X	X	X	O	O	O	X
WG	Full-time temporary (less than 90 days)	O	X	X	O	O ⁴	O	X	O	X	X	O	O	O	O
WG	Part-time permanent	O	X	O	X	X	O	X	X	X	X	X ⁵	O	X	X
WG	Part-time temporary (1 year or more)	O	X	O	X	X	O	X	X	X	X	X ⁵	O	X	X
WG	Part-time temporary (91 days or more)	O	X	X	X	X	O	X	X	X	X	O	O	X	X
WG	Part-time permanent (90 days)	O	X	O	O	O ⁴	O	X	X	X	X	O	O	O	X
WG	Part-time temporary (Less than 90 days)	O	X	O	O	O ⁴	O	X	O	X	X	O	O	O	O

**Table 2-1
Pay and leave entitlements—Continued**

		Employee Entitlements													
Type of appointment	Night Diff ¹	Shift Diff	Sun Prem	Hol LV ²	Hol Work ³	HDP	EDP	AL	SL	CL	ML	Law Enf Lv	Admin Lv	LSL	
WG	Intermittent	O	X	O	O	O ⁴	O	X	O	O	O	O	O	O	
MIN WAGE	Student aid part-time (Temp 91 days or more)	X	O	O	X	X	O	O	X	X	X	O	O	X	X
MIN WAGE	Student aid part-time (Temp 90 days)	X	O	O	O	O ⁴	O	O	X	X	X	O	O	O	X
MIN WAGE	Student aid part-time (Temp less than 90 days)	X	O	O	O	O ⁴	O	O	O	X	X	O	O	O	O
MIN WAGE	Student aid intermittent	X	O	O	O	O ⁴	O	O	O	O	O	O	O	O	O
MIN WAGE	Summer aid full-time (Temp 91 days or more)	X	O	X	X	X	O	O	X	X	X	O	O	X	X
MIN WAGE	Summer aid full-time (Temp 90 days)	X	O	X	O	O ⁴	O	O	X	X	X	O	O	O	X
MIN WAGE	Summer aid full-time (Temp less than 90 days)	X	O	X	O	O ⁴	O	O	O	X	X	O	O	O	O

Legend:
 X=Employee is entitled
 O=Employee is not entitled

Notes:
¹ The employee's duty hours must be scheduled prior to beginning of the administrative workweek in which the work is to be done. Night differential is also paid for overtime hours worked during a night differential period-provided the exact date and hours to be worked were scheduled prior to the beginning of the administrative workweek.
² Holiday leave applies only to the hours of duty regularly scheduled to be worked on the holiday.
³ Premium pay for holiday hours worked is payable only for the hours of duty regularly scheduled to be worked on the holiday.
⁴ Hours worked on the holiday are compensated at the basic rate of pay only.
⁵ Part-time career employees (16- to 32-hour tour per week) are entitled to leave on a prorated basis.
⁶ Night differential is payable only when the employee is temporarily assigned to a regularly scheduled TOD that includes night work (1800-0600).

**Table 4-1
Determining holidays to be observed**

	A	B
If the holiday falls on	and employee's days off in the administrative workweek in which the holiday falls are	then the holiday is observed on
Sunday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Monday Tuesday Sunday Sunday Sunday Sunday Sunday
Monday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Monday Preceding workday Wednesday Monday Monday Monday Monday
Tuesday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Tuesday Tuesday Sunday Thursday Tuesday Tuesday Tuesday
Wednesday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Wednesday Wednesday Wednesday Monday Friday Wednesday Wednesday
Thursday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Thursday Thursday Thursday Thursday Thursday Tuesday Saturday Thursday
Friday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Friday Friday Friday Friday Friday Friday Wednesday Following workday
Saturday	Sunday and Saturday Sunday and Monday Monday and Tuesday Tuesday and Wednesday Wednesday and Thursday Thursday and Friday Friday and Saturday	Friday Saturday Saturday Saturday Saturday Saturday Saturday Thursday

ZVS		A		01		123456789		THOMAS S MAGNUM						A6010		861220 1						
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME		COST CENTER		PAY PERIOD						
TOUR OF DUTY		DAY		1 ST		2 ND		3 RD		OVERTIME HRS.			SUM. PREM.			LEAVE TAKEN		* SEE REVERSE				
FROM TO		SH. CD.		SHIFT		SHIFT		SHIFT		1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	HOL. SH. CD.	HOL. HRS. WKD.	COMP. HRS. WKD.	ANN.	SICK	COMD.	INITIAL
SUN																						
MON		0730/1600		B																		
TUE				B																		
WED				B																		
THU				B																		
FRI				B																		
SAT				B																		
SUN				B																		
MON				B																		
TUE				B																		
WED				B																		
THU				B																		
FRI				B																		
SAT				B																		
SUN				B																		
PAY PERIOD TOTAL				0800																		
CORRECTIONS																						
COLUMNS																						

PC3 0899 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda Thomas 3217
SUPERVISOR
LINDA M BAME 22 DEC 86
EXTENSION

Replaces DA FORM 4395 (TEST), MAY 81, which will be used.
DA FORM 4395, DEC 81

Figure 2-1. Sample of a properly certified DA Form 4395

ZVS		A		01		123456789		THOMAS S MAGNUM						A6010		861220 1						
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME		COST CENTER		PAY PERIOD						
TOUR OF DUTY		DAY		1 ST		2 ND		3 RD		OVERTIME HRS.			SUM. PREM.			LEAVE TAKEN		* SEE REVERSE				
FROM TO		SH. CD.		SHIFT		SHIFT		SHIFT		1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	HOL. SH. CD.	HOL. HRS. WKD.	COMP. HRS. WKD.	ANN.	SICK	COMD.	INITIAL
SUN																						
MON		0730/1600		B																		
TUE				B																		
WED				B																		
THU				B																		
FRI				B																		
SAT				B																		
SUN				B																		
MON				B																		
TUE				B																		
WED				B																		
THU				B																		
FRI				B																		
SAT				B																		
SUN				B																		
PAY PERIOD TOTAL				B0																		
CORRECTIONS																						
COLUMNS																						

PC3 0899 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda Thomas 3217
SUPERVISOR
LINDA M BAME 22 DEC 86
EXTENSION

Replaces DA FORM 4395 (TEST), MAY 81, which will be used.
DA FORM 4395, DEC 81

Figure 2-2. Sample of a completed DA Form 4395 showing a supervisor's correction

PCB 1089 TIME AND ATTENDANCE REPORT

ZVS	A	01	123456789	THOMAS S MAGNUM										A6010	861220	1			
DTC		DEP. CD.	PCN	SOCIAL SECURITY NUMBER										NAME		COST CENTER	PAY PERIOD		
TOUR OF DUTY		DAY	SH. CD.	1 ST SHIFT	ND (GS)	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREW.			HOL. HRS. WND.	COMP. HRS. WND.	LEAVE TAKEN			M
FROM	TO							1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.			ARR.	SICK	COMP.	INITIAL
		SUN																	
		MON																	
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
PAY PERIOD TOTAL																			
CORRECTIONS																			
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

PCB 1089

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SEE REVERSE

Linda M. Bame
SUPERVISOR
LINDA M BAME 28 DEC 86
Revised DA Form 4395 (TEST), MAY 81, which will be used.

ZVT A 01 123456789

DTC		DEP. CD.	PCN	SOCIAL SECURITY NUMBER										MISC. HRS.		MIL. LV. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS
TOUR OF DUTY		DAY	SH. CD.	AWOP	OTHER	L.S.L. L.S.L. H. H. H.	L.S.L. L.S.L. H. H. H.	MISC. HRS.			MISC. HRS.	MIL. LV. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS				
FROM	TO																					
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU																				
		FRI																				
		SAT																				
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU																				
		FRI																				
		SAT																				
		SUN																				
PAY PERIOD TOTAL																						
CORRECTIONS																						
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32				

PCB 1089

CERTIFICATION FOR SICK LEAVE:
I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Employee worked no hours this pay period.

Figure 2-3. Sample of a completed DA Form 4395 for an intermittent employee— no hours worked

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1		
DTC		DEF. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD		
TOUR OF DUTY		DAY		1 ST		2 ND		3 RD		OVERTIME HRS.			SUM. PREM.			HOL. WCD.		LEAVE TAKEN		* SEE REVERSE		
FROM TO		SH CD.		CD. SHIFT		CD. SHIFT		CD. SHIFT		1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL. SH. CD.	CODE HRS. WCD.	ANN.	SICK.	CODE	INITIAL	
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU																				
		FRI																				
		SAT																				
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU																				
		FRI																				
		SAT																				
		SUN																				
PAY PERIOD TOTAL				0000																		
CORRECTIONS																						
COLUMNS		16 17		20 21		24 25		28 29		32 33	36 37	40 41	44 45	48 49	52 53	56 57	60 61	64 65	68 69	72 73	76 77	80

PCB 0169

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SUPERVISOR
Linda M Bame 3817
EXTENSION
B DEC 06

BUSINESS DA FORM 4395 (TEST)
MAY 81, which will be used.

DA FORM 4395, DEC 78

ZVT		A		01		123456789															
DTC		DEF. CD.		PCN		SOCIAL SECURITY NUMBER															
TOUR OF DUTY		DAY		AWOP		OTHER		L3 L4 L5 L6 L7 L8 L9		MISC. HRS. CD.	MISC. HRS.	MIL. LV. DAYS	LEAVE ACTION CODE	MAN PAY CODE	ENV AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY HAZ. PAY CD.	ENV. HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE	
FROM TO		SH CD.		CD. HRS.		CD. HRS.		HOL. CODE	HRS. PAID											I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.	
		SUN																		REMARKS <i>Resignation 11/26/86</i>	
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
PAY PERIOD TOTAL																					
CORRECTIONS																					
COLUMNS		16 17		20 21		24 25		28 29	32 33	36 37	40 41	44 45	48 49	52 53	56 57	60 61	64 65	68 69	72 73	76 77	80

PCB 0169B

Figure 2-5. Sample of a completed DA Form 4395 for a separated employee—prior pay period

ZVS		A		01		123456789						THOMAS S MAGNUM						A6010		861206 1	
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER						NAME						POST CENTER		PAY PERIOD	
TOUR OF DUTY		DAY	SH. CD.	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM.			HOL. HRS. WKD.	COMP. HRS. WKD.	LEAVE TAKEN			N	REVERSE		
FROM	TO			(GS)			1 SH	2 SH	3 SH	1 SH	2 SH	3 SH			ANN.	SICK	COMP.	SWT/TA			
		SUN																			
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
PAY PERIOD TOTAL																					
CORRECTIONS																					
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

TIME AND ATTENDANCE REPORT

B (0730-1600)

0000

Supplemental

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDA M BAME 12 Dec 86

SUPERVISOR'S SIGNATURE
ATTENTION

REPLACES DA FORM 4395 (7-75) MAY 81, WHICH WILL BE USED.

DA FORM 4395, DEC 81

ZVT		A		01		123456789						MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS	
TOUR OF DUTY		DAY	SH. CD.	AWOP		OTHER		LSL & HOL. HOURS PAID		MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS			
FROM	TO			CD.	HRS.	CD.	HRS.																						
		SUN																											
		MON																											
		TUE																											
		WED																											
		THU																											
		FRI																											
		SAT																											
		SUN																											
		MON																											
		TUE																											
		WED																											
		THU																											
		FRI																											
		SAT																											
		SUN																											
PAY PERIOD TOTAL																													
CORRECTIONS																													
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	

M CERTIFICATION FOR SICK LEAVE
I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
12/12/86
Supplemental
TA report
Submitted
due to late
receipt of
authorization.

PC91089B

Figure 2-7. Sample of a supplemental DA Form 4395

ZVS		A	01	123456789	THOMAS S MAGNUM										A6010	861206	1				
DTC		DER CD	PCN	SOCIAL SECURITY NUMBER										COST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY	SH CD	1 ST SHFT	ND 16SI	2 MD SHFT	3 RD SHFT	OVERTIME HRS			SUN. PREM			HOL. SH CD	HOL. HRS	COMP. HRS	LEAVE TAKEN			#	
FROM	TO							1 SH	2 SH	3 SH	1 SH	2 SH	3 SH				AMR	SICK	COMP	INITIAL	
		SUN																			
		MON		9																	
		TUE		9																	
		WED		9																	
		THU		9																	
		FRI																			
		SAT																			
		SUN																			
		MON		9																	
		TUE		9																	
		WED		9																	
		THU		9																	
		FRI		8																	
		SAT																			
		SUN																			
PAY PERIOD TOTAL				0800																	
CORRECTIONS																					
COLUMNS				16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

PCN 1089B TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

* SEE REVERSE

LINDA M BAME 3217
LINDA M BAME 0DEC86
DA FORM 4395, DEC 81
Replaces DA FORM 4395 (TEST), MAY 81, which will be used.

ZVT		A	01	123456789											ENV-HAZ PAY HRS		ENV-HAZ PAY HRS		INITIALS
DTC		DER CD	PCN	SOCIAL SECURITY NUMBER										ENV-HAZ PAY HRS		ENV-HAZ PAY HRS		INITIALS	
TOUR OF DUTY		DAY	SH CD	ANOP	OTHER	L1L L1L B	L1L L1L B	MISC. HRS. CD	MISC. HRS.	MIL. LV. DAYS	LEAVE CODE	MIN PAY CODE	ENV AND HAZ PAY CD	ENV AND HAZ PAY HRS	ENV AND HAZ PAY CD	ENV AND HAZ PAY HRS	INITIALS		
FROM	TO																		
		SUN																	
		MON																	
		TUE																	
		WED																	
		THU			H 9														
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
PAY PERIOD TOTAL					H 0000														
CORRECTIONS																			
COLUMNS				16	17	18	19	20	21	22	23	24	25	26	27	28	29		

PCN 1089B

* CERTIFICATION FOR SICK LEAVE: I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Compressed Schedule
Holiday
27 NOV 86

Figure 2-9. Sample of a completed DA Form 4395 for a compressed schedule: 5-4/9 Plan

ZVS		A		01		123456789		THOMAS S MAGNUM				A6010		861206 1									
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER				NAME		COST CENTER		PAY PERIOD									
TOUR OF DUTY		DAY		SH		1 ST		2 ND		3 RD		OVERTIME HRS		SUN. PREM		HOL. HRS		COMP. HRS		LEAVE TAKEN		INITIALS	
FROM	TO	DAY	SH	1 ST	2 ND	3 RD	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	ANN.	SICK	COMP.	INITIALS				
0730	1600	SUN	B																				
0745	1615	TUE	B																				
0820	1500	WED	B																				
0700	1630	THU	B																				
		FRI	B																				
		SAT	B																				
		SUN	B																				
0700	1530	MON	B																				
		TUE	B																				
		WED	B																				
0745	1615	THU	B																				
0800	1630	FRI	B																				
		SAT	B																				
		SUN	B																				
PAY PERIOD TOTAL				0800		0040																	
CORRECTIONS																							
COLUMNS				16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

PCN 0008

TIME AND ATTENDANCE REPORT

TAKEN THROUGH THE END OF THIS TIME PERIOD.

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE

SEE REVERSE

LINDA M BAME 3917
LINDA M BAME 0 DEC 86
EXTENSION

DA FORM 4395, DEC 81
Replaces DA FORM 4395 (TEST), MAY 81, which will be used.

ZVT		A		01		123456789						ENV. HAZ PAY		ENV. HAZ PAY		INITIALS				
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER				MISC. HRS.		MIL. LV. DAYS		ENV. HAZ PAY HRS.		ENV. HAZ PAY HRS.		INITIALS		
TOUR OF DUTY		DAY		SH		AWOP		OTHER		L.S.L. HRS.		L.S.L. HRS.		L.S.L. HRS.		L.S.L. HRS.		INITIALS		
FROM	TO	DAY	SH	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	
		SUN																		
		MON																		
		TUE																		
		WED																		
		THU																		
		FRI																		
		SAT																		
		SUN																		
		MON																		
		TUE																		
		WED																		
		THU																		
		FRI																		
		SAT																		
		SUN																		
PAY PERIOD TOTAL						H 0080														
CORRECTIONS																				
COLUMNS				16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

PCN 10698

* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS

Flexitime

Holiday

27 NOV 86

Figure 2-10. Sample of a completed DA Form 4395 for a flexitime schedule

ZVS		A		01		123456789			THOMAS S MAGNUM					A6010		861206 1					
DNC		DEF. CD.		PCN		SOCIAL SECURITY NUMBER			NAME					COST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUN. PREM.			LEAVE TAKEN		M			
FROM	TO	SH. CD.	DAY	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	COL.	ST.	HOL. HRS. WED.	COMP. HRS. WED.	ANN.	SICK	COMP.	INITIAL	
			SUN																		
			MON																		
			TUE	B																	
			WED																		
			THU																		
			FRI																		
			SAT																		
			SUN	B																	
			MON																		
			TUE																		
			WED																		
			THU	B																	
			FRI																		
			SAT																		
			SUN																		
PAY PERIOD TOTAL				0240																	
CORRECTIONS																					
COLUMNS				05 07 2029		04 25 2029		20 33 2029		30 37 40 46		44 45 46 47 48 49		50 52		54 56 58 59		60 62 63 64		65 66 67 68	

PCS 1089 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDA M BAME 3217 SUPERVISOR UNION 80200

LINDA M BAME

REPLACES DA FORM 4395 (TEST), MAY 84, WHICH WILL BE USED.

DA FORM 4395, DEC 81

Figure 3-2. Sample of a completed DA Form 4395 for a consultant

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1					
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY		SH CD		1 ST SHIF		2 ND SHIF		3 RD SHIF		OVERTIME HRS			SUM. PREM			MIL. HRS		COMP. HRS		LEAVE TAKEN			* SEE REVERSE
FROM TO												1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	MIL. HRS	MIL. HRS	ANNUAL	SICK	COMP	INITIAL		
0001 0800		SUN		3						B															
		MON		3						B															
		TUE																							
1600 2400		WED		2				B																	
		THU		2				B																	
		FRI		2				B																	
		SAT																							
		SUN																							
		MON		2				B																	
		TUE		2				B																	
		WED		2				B																	
		THU		2				B																	
		FRI		2				B																	
		SAT																							
		SUN																							
PAY PERIOD TOTAL				5				0610016001600160				08	2	060											
CORRECTIONS																									
COLUMNS				16		17		18		19		20	21	22	23	24	25	26	27	28	29	30	31	32	

PCB 1089

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Bame

SUPERVISOR
LINDA M BAME
3217
818266

Replaces DA FORM 4395 (TEST), MAY 81, which will be used.
DA FORM 4395, DEC 81

ZVT		A		01		123456789																
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER																
TOUR OF DUTY		DAY		SH CD		AWOP		OTHER		L.S.L. & HOL. HRS. PAID		MISC. HRS. CD	MISC. HRS.	MIL. LV. DAYS	LEAVE ACTION CODE	MAN PAY CODE	ENV. AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS. CD.	ENV. HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE
FROM TO																						I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU						H 2														
		FRI																				
		SAT																				
		SUN																				
		MON																				
		TUE																				
		WED																				
		THU																				
		FRI																				
		SAT																				
		SUN																				
PAY PERIOD TOTAL								H 0030														
CORRECTIONS																						
COLUMNS				16		17		18		19		20	21	22	23	24	25	26	27	28	29	30

Average Rate to be paid for OT worked in 1st week.

Holiday
27 NOV 86

PCB 1089

Figure 3-3. Sample of a completed DA Form 4395 for a WG employee—shift differential

DNC		DEP. CD	PCN	SOCIAL SECURITY NUMBER			NAME			COST CENTER		PAY PERIOD				
ZVS	A	.01	123456789	THOMAS S MAGNUM			A6010		861206		1					
TOUR OF DUTY		DAY	SH. CD	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM.			LEAVE TAKEN		INITIALS	
FROM	TO						1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	ANN.	SICK		COMP.
0815	0715	TUE	8	6:14												
1530	2400	WED	8	5:42											2	TM
0815	0715	FRI	8	6:14												
		SUN														
		MON														
		TUE														
		WED														
		THU														
		FRI														
		SAT														
		SUN														
PAY PERIOD TOTAL				0600	0715					08					0040	0002
CORRECTIONS																

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SEE REVERSE

Linda M. Bame 3217
LINDA M BAME 8 DEC 86

DA FORM 4395, DEC 80

DNC		DEP. CD	PCN	SOCIAL SECURITY NUMBER			MISC. HRS. CD		MISC. HRS.	MIL. LV. DAYS	LEAVE ACTION CODE	MAN PAY CODE	ENV. AND HAZ. PAY C.D.	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY C.D.	ENV. HAZ. PAY HRS.	INITIALS
ZVT	A	.01	123456789														
TOUR OF DUTY		DAY	SH. CD	AWOP	OTHER	L.S.L. HRS.	L.S.L. HRS.	L.S.L. HRS.									
FROM	TO			CD.	HRS.	CD.	HRS.	CD.	HRS.								
		SUN															
		MON															
		TUE															
		WED															
		THU				H	B										
		FRI															
		SAT															
		SUN															
		MON															
		TUE															
		WED															
		THU															
		FRI															
		SAT															
		SUN															
PAY PERIOD TOTAL						H	0800										
CORRECTIONS																	

CERTIFICATION FOR SICK LEAVE: I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Holiday 27 Nov 86
Meal period 1830-1900 for 1530-2400 TOD

PCN 10000

Figure 3-4. Sample of a completed DA Form 4395 showing night differential and leave taken

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861220 1	
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD	
TOUR OF DUTY FROM TO		DAY	SH. CD.	1 ST SHIFT	ND (SS)	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SEM. PREM.			NOL. HRS.	COMR. HRS.	LEAVE TAKEN			* SEE REVERSE		
								1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	WHD.	WHD.	AMR.	SICK	COMP.	PTWHL.		
0800/1630		SUN		8	2 1/2			4													
		MON		8	2			4													
		TUE		8																	
		WED		8																	
		THU		8																	
		FRI		8																	
		SAT		8																	
		SUN		8																	
		MON		8																	
		TUE		8																	
		WED		8																	
		THU		8	2			4													
		FRI		8	2			4													
		SAT		8	2			4													
		SUN		8	2			4													
PAY PERIOD TOTAL				0800/0105				0280													
CORRECTIONS																					
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

PCB 10079

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M Bame
LINDA M BAME
22 DEC 86
BUSINESS DA FORM 4395 (7/83)
DA FORM 4395, DEC 86

ZVT		A		01		123456789															
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD	
TOUR OF DUTY FROM TO		DAY	SH. CD.	AWOP		OTHER		LSL A.L.S. & HOL. CODE	LSL & HOL. HOURS PAID	MISC. HRS. CD.	MISC. HRS.	MIL. LV. DAYS	LEAVE CODE	MAN PAY CODE	ENV. AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE	
				CD.	HRS.	CD.	HRS.													I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.	
		SUN																		REMARKS	
		MON																		Overtime hours worked were scheduled prior to the beginning of the administrative workweek.	
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN																			
PAY PERIOD TOTAL																					
CORRECTIONS																					
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

PCB 10008

Figure 3-5. Sample of a completed DA Form 4395 showing overtime and night differential: GS employee

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861220	
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD	
TOUR OF DUTY		DAY	SHL CD	1 ST SHIFT	ND 16SI	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS			SUN. PREM			HOL HRS WKD	COMP HRS WKD	LEAVE TAKEN		3			
FROM	TO							1 SH	2 SH	3 SH	1 SH	2 SH	3 SH			ANN	SICK	COMP	WTRNL		
		SUN																			
0730	1130	MON		4																	
		TUE		4																	
		WED		4																	
		THU		4												4			TM		
		FRI		4												1			TM		
		SAT																			
		SUN																			
		MON		4																	
0730	1600	TUE		8				2 (1600-1800)													
		WED		8																	
0730	1130	THU		4																	
		FRI		4																	
		SAT																			
		SUN																			
PAY PERIOD TOTAL				0480		0020						0005									
CORRECTIONS																					
COLUMNS																					

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDA M BAME
 3217
 25 DEC 86
 DA FORM 4395, DEC 81

Figure 3-8. Sample of a completed DA Form 4395 for a part-time employee with overtime hours

ZVS		A		01		123456789		THOMAS S MAGNUM												A6010		861206 1	
DIC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER						NAME						COST CENTER		PAY PERIOD			
TOUR OF DUTY		DAY	SH. CD.	1 ST SHIFT	ND (GS)	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM.			HOL. CD.		HOL. HRS. WKD.	COM. HRS. WKD.	LEAVE TAKEN			*		
FROM TO								1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL. SH	HOL. CD.			ANN.	SICK	COMP	INITIAL		
		SUN																					
		MON																					
		TUE																					
0730 1600		WED		B																			
		THU		B																			
		FRI		B																			
		SAT																					
		SUN																					
		MON																					
		TUE																					
		WED																					
		THU																					
		FRI																					
		SAT																					
		SUN																					
PAY PERIOD TOTAL					0640																		
CORRECTIONS																							
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		

PCN 0000 TIME AND ATTENDANCE REPORT

* SEE REVERSE

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Bame 3217
SUPERVISOR
LINDA M. BAME 0 Dec 86
DA FORM 4395, DEC 81
Replaces DA FORM 4396 (TEST), MAY 81, which will be used.

ZVT		A		01		123456789																	
DIC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER						NAME						COST CENTER		PAY PERIOD			
TOUR OF DUTY		DAY	SH. CD.	AWOP	OTHER	L.S.L. & HOL. CODE	L.S.L. & HOL. HOURS PAID	MISC. HRS. CD.	MISC. HRS.	MIL. L.V. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	ENV. AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	INITIALS						
FROM TO																							
		SUN																					
		MON																					
		TUE																					
		WED																					
		THU			H B																		
		FRI																					
		SAT																					
		SUN																					
		MON																					
		TUE																					
		WED																					
		THU																					
		FRI																					
		SAT																					
		SUN																					
PAY PERIOD TOTAL					H 0000																		
CORRECTIONS																							
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						

* CERTIFICATION FOR SICK LEAVE:

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS

EOD
26 Nov 86

Holiday
27 Nov 86

PCN 0000

Figure 3-9. Sample of a completed DA Form 4395 showing overtime for less than a 40-hour workweek

ZVS		A		01		123456789		THOMAS S MAGNUM		A6010		861206 1			
DIC		DEF. CD		PCN		SOCIAL SECURITY NUMBER		NAME		COST CENTER		PAY PERIOD			
TOUR OF DUTY		DAY		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS		SUN. PREM.			
FROM TO		SH. CD.		NO (65)		OVERTIME HRS		SUN. PREM.		HOL. HRS. WKD.		LEAVE TAKEN			
SUN		B													
MON		B													
TUE		B													
WED		B													
THU		B													
FRI		B													
SAT		B													
SUN		B													
MON		B													
TUE		B													
WED		B													
THU		B													
FRI		B													
SAT		B													
SUN		B													
PAY PERIOD TOTAL		0800								0110		0110			
CORRECTIONS															
COLUMNS		36 37 38		39 40 41 42 43 44 45 46 47 48		49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68		69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88		89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108		109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128		129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148	

PCB 1045 TIME AND ATTENDANCE REPORT

SEE REVERSE

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Supervisor: Linda A. Borne
 Extension: 8 Dec 86
 DA FORM 4395, DEC 86
 Replaces DA FORM 4395 (DEC 77), MAY 81, which will be used.

ZVT		A		01		123456789															
DIC		DEF. CD		PCN		SOCIAL SECURITY NUMBER		NAME		COST CENTER		PAY PERIOD		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE			
TOUR OF DUTY		DAY		AWOP		OTHER		L.S.L. & HOURS PAID		L.S.L. & HOURS PAID		L.S.L. & HOURS PAID		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE			
FROM TO		SH. CD.		CD. HRS.		CD. HRS.		HOL. CODE		HOL. CODE		HOL. CODE		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE			
SUN																					
MON																					
TUE																					
WED																					
THU				H B																	
FRI																					
SAT																					
SUN																					
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
SUN																					
PAY PERIOD TOTAL				H 0080																	
CORRECTIONS																					
COLUMNS		36 37 38		39 40 41 42 43 44 45 46 47 48		49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68		69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88		89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108		109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128		129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148		149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168		169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188		189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208	

PCB 1045B

* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS: Holiday
27 NOV 86

Figure 3-10. Sample of a completed DA Form 4395 showing compensatory hours worked and taken

ZVS		A		.01		123456789		THOMAS S MAGNUM												A6010		861206 1					
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME						COST CENTER		PAY PERIOD							
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIF		2 ND SHIF		3 RD SHIF		OVERTIME HRS.			SUN. PREM.			HOL. WKS.		COMB. WKS.		LEAVE TAKEN			INITIAL		
FROM	TO	DAY	SH. CD.	1 ST SHIF	2 ND SHIF	3 RD SHIF	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL. SH. CD.	HOL. WKS.	COMB. WKS.	ANN.	SICK	COMP.	INITIAL	SEE REVERSE				
23	15	SUN	8	634									8														
		MON	8	634																							
		TUE	8	634												1	8										
		WED																									
		THU																									
		FRI	8	634																							
		SAT	8	634																							
		SUN	8	634																							
PAY PERIOD TOTAL				0800 0607							32			1			080		0008			TM					
CORRECTIONS																											
COLUMNS																											

PC 1089 TIME AND ATTENDANCE REPORT

Linda M Bame
 3217
 LINDA M BAME
 022086
 DA FORM 4395, DEC 81
 Replaces DA FORM 4395 (TEST), MAY 81, which will be used.

ZVT		A		.01		123456789																						
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER																						
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		LBL. HRS.		LBL. HRS.		MISC. HRS.		MIL. LV. DAYS		LEAVE CODE		MAN. PAY CODE		ENV. AND HAZ. PAY		ENV. AND HAZ. PAY		INITIALS		
FROM	TO	DAY	SH. CD.	CO.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.
		SUN																										
		MON																										
		TUE																										
		WED																										
		THU																										
		FRI																										
		SAT																										
		SUN																										
		MON																										
		TUE																										
		WED																										
		THU																										
		FRI																										
		SAT																										
		SUN																										
PAY PERIOD TOTAL				H 0000																								
CORRECTIONS																												
COLUMNS																												

W CERTIFICATION FOR SICK LEAVE:
 I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.
 REMARKS:
 Holiday
 Worked
 25 Nov 86
 Irregular
 Tour of Duty

PC 1089g

Figure 3-11. Sample of a completed DA Form 4395 showing Sunday premium pay—irregular TOD

ZVS		A		01		123456789		THOMAS S MAGNUM				A6010		861220 1							
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER				NAME				COST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY	SH. CL.	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUM. PREM			HOL. HRS. WKD.		COMP. HRS. WED.		LEAVE TAKEN		#		
FROM	TO						1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	NO. OF	NO. OF	ANN.	SICK	COMP.	INITIAL			
0700	1600	SUN								8											
		MON																			
		TUE																			
		WED																			
		THU																			
		FRI																			
		SAT																			
		SUN								4			(0700-1200)	4				TM			
		MON																TM			
		TUE																TM			
		WED																TM			
		THU																TM			
		FRI																			
		SAT																			
		SUN																			
PAY PERIOD TOTAL				0800						12						1036					
CORRECTIONS																					
COLUMNS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Pos 1089 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDA M. BARNES
 SUPERVISOR
 3217
 25 DEC 86
 DA FORM 4395, DEC 81
 Replaces DA FORM 4395 (TEST), MAY 81, which will be used.

Figure 3-12. Sample of a completed DA Form 4395 showing Sunday premium hours and leave taken

ZVS		A	01	123456789				THOMAS S MAGNUM						A6010	861206 1																					
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME			COST CENTER		PAY PERIOD																			
TOUR OF DUTY		DAY	SH. CD.	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	OVERTIME HRS.			SUN. PREM.			POL. B. CO.		MIL. HRS. WKD.		COMP. HRS. WKD.		LEAVE TAKEN			W														
FROM	TO			(6S)			1 SH	2 SH	3 SH	1 SH	2 SH	3 SH					ANNL	SICK	COMP	INITIAL																
		SUN																																		
		MON																																		
		TUE																																		
		WED																																		
		THU																																		
		FRI																																		
		SAT																																		
		SUN																																		
		MON																																		
		TUE																																		
		WED																																		
		THU																																		
		FRI																																		
		SAT																																		
		SUN																																		
PAY PERIOD TOTAL				0800										1		080																				
CORRECTIONS																																				
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

POSITIONS TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

* SEE REVERSE

Linda M. Dune 3217
LINDA M. DUNE 3217
DA FORM 4395, DEC 86

ZVT		A	01	123456789																																
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER						MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAY. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS								
TOUR OF DUTY		DAY	SH. CD.	AWOP		OTHER		L.S.L. 1		L.S.L. 2		L.S.L. 3		MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAY. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS						
FROM	TO			CD.	HRS.	CD.	HRS.	HOL. CODE	HOL. HRS.	HOL. CODE	HOL. HRS.	HOL. CODE	HOL. HRS.																							
		SUN																																		
		MON																																		
		TUE																																		
		WED																																		
		THU																																		
		FRI																																		
		SAT																																		
		SUN																																		
		MON																																		
		TUE																																		
		WED																																		
		THU																																		
		FRI																																		
		SAT																																		
		SUN																																		
PAY PERIOD TOTAL				H 0000																																
CORRECTIONS																																				
COLUMNS		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

POSITIONS TIME AND ATTENDANCE REPORT

* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Holiday Worked
27 NOV 86

Figure 3-14. Sample of a completed DA Form 4395 showing holiday hours worked

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861220 1						
DIC		DEF. CD		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD						
TOUR OF DUTY		DAY		SH. CO.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUM. PREM			HOL. HRS. WKD.		COMP. HRS. WKD.		LEAVE TAKEN			N	
FROM		TO										1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	HOL. SH. CD.	HOL. HRS. WKD.	COMP. HRS. WKD.	ANN.	SICK	COND.	INITIAL	* SEE REVERSE	
1230		1600		MON		3 1/2															3 1/2			TM		
				TUE		3 1/2															3 1/2			TM		
				WED		3 1/2																				
				THU		3 1/2																1/2		TM		
				FRI		3 1/2															3 1/2			TM		
				SAT																						
				SUN																						
				MON		3 1/2																1/2		TM		
				TUE		3 1/2																3		TM		
				WED		3 1/2																1/2		TM		
				THU		3 1/2																				
				FRI		3 1/2																				
				SAT																						
				SUN																						
PAY PERIOD TOTAL						0350															0011	004				
CORRECTIONS																										
COLUMNS																										

PCS 1089 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

SUPERVISOR
Linda M. Bame
 3217
 EXTENSION
 LINDA M. BAME 22 DEC 86
 Replaces DA FORM 4395 (TEST), MAY 81, which will be used.
 DA FORM 4395, DEC 81

Figure 3-15. Sample of a completed DA Form 4395 showing fractional leave taken

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1							
DIC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER										POST CENTER		PAY PERIOD									
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUN. PREN.			HOL. SH. CD.		COMB. HRS. END.		LEAVE TAKEN			* SEE REMARKS		
FROM TO						(GS)						1 SH.	2 SH.	3 SH.	1 SM.	2 SM.	3 SM.	HOL.	SH. CD.	HRS. END.	HRS. END.	ANN.	SICK	COMP.	INITIAL		
PERIODS		TIME AND ATTENDANCE REPORT																									
		SUN																									
		MON																									
		TUE																									
		WED																									
		THU																									
		FRI																									
		SAT																									
		SUN																									
		MON																									
		TUE																									
		WED																									
		THU																									
		FRI																									
		SAT																									
		SUN																									
		PAY PERIOD TOTAL																									
		CORRECTIONS																									
		COLUMNS																									

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.
Linda M. Bame
 SUPERVISOR
 LINDA M. BAME
 DA FORM 4395, DEC 81

ZVT		A		01		123456789																											
DIC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER																											
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		L.S.L. (L.S.L. & HOL. CODE)		L.S.L. (L.S.L. & HOURS PAID)		MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS		* CERTIFICATION FOR SICK LEAVE.	
FROM TO																																	
		SUN																															
		MON																															
		TUE																															
		WED																															
		THU						HO																									
		FRI																															
		SAT																															
		SUN																															
		MON																															
		TUE																															
		WED																															
		THU																															
		FRI																															
		SAT																															
		SUN																															
		PAY PERIOD TOTAL																															
		CORRECTIONS																															
		COLUMNS																															

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.
 REMARKS
 Advance Sick Leave
 DF attached
 Holiday
 27 Nov 86
 PCS1065B

Figure 3-16. Sample of a completed DA Form 4395 showing advance sick leave

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1					
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUM. PREM.			HOL. RES. WKA.		COMP. MRS. WKA.		LEAVE TAKEN		INITIALS	
FROM TO												1 SH. 2 SH. 3 SH.			1 SH. 2 SH. 3 SH.					ANNU. SICK COMP.					
		SUN																							
		MON																							
		TUE																							
		WED																							
		THU																							
		FRI																							
		SAT																							
		SUN																							
		MON																							
		TUE																							
		WED																							
		THU																							
		FRI																							
		SAT																							
		SUN																							
PAY PERIOD TOTAL																									
CORRECTIONS																									
COLUMNS																									

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Deme 3217
LINDA M. DEME
DA FORM 4395, DEC 81

ZVT		A		01		123456789																							
DTC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD									
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		LSL		LSL		MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. HAZ PAY HRS.		ENV. HAZ PAY HRS.		INITIALS	
FROM TO										HOL. CD.		HOURS PAID																	
		SUN																											
		MON				1 8																							
		TUE				1 8																							
		WED				1 8																							
		THU				1 8		H O																					
		FRI				1 8																							
		SAT																											
		SUN																											
		MON				1 8																							
		TUE				1 8																							
		WED				1 8																							
		THU				1 8																							
		FRI				1 8																							
		SAT																											
		SUN																											
PAY PERIOD TOTAL						1 8 0 0 0 0		H 0 0 0 0																					
CORRECTIONS																													
COLUMNS																													

TIME AND ATTENDANCE REPORT

CERTIFICATION FOR SICK LEAVE: I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
LWOP
eff 11/09/86
NTE 01/13/87

Figure 4-1. Sample of a completed DA Form 4395 showing approved LWOP

PC 1009 TIME AND ATTENDANCE REPORT

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1							
DIC		DER CD		PCN		SOCIAL SECURITY NUMBER										COST CENTER		PAY PERIOD									
TOUR OF DUTY		DAY		SH CD		1 ST		ND		2 ND		3 RD		OVERTIME HRS			SUN. PREM			HOL. WKD.		COMP. WKD.		LEAVE TAKEN			* SEE REVERSE
FROM		TO		SH CD		CD		HRS.		CD		HRS.		1 SH			2 SH			3 SH		ANPL		SICK		CONF	INITIAL
		SUN																									
		MON				B																					
		TUE				B																					
		WED				B																					
		THU				B																					
		FRI				B																					
		SAT				B																					
		SUN				B																					
		MON				B																					
		TUE				B																					
		WED				B																					
		THU				B																					
		FRI				B																					
		SAT				B																					
		SUN				B																					
PAY PERIOD TOTAL						2560																					
CORRECTIONS																											
COLUMNS						20		21		22		23		24			25			26		27		28		29	30

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Bame 3217
Linda M. Bame 0 Dec 86
DA FORM 4395, DEC 84

ZVT		A		01		123456789																					
DIC		DER CD		PCN		SOCIAL SECURITY NUMBER																					
TOUR OF DUTY		DAY		SH CD		AWOP		OTHER		L.S.L.		L.S.L.		MISC.		MIL.		LEAVE		MAN PAY		ENV.		ENV.		INITIALS	
FROM		TO		SH CD		HRS.		HRS.		HRS.		HRS.		HRS.		DAYS		CODE		CODE		HRS.		HRS.			
		SUN																									
		MON																									
		TUE																									
		WED						H B																			
		THU																									
		FRI																									
		SAT																									
		SUN																									
		MON																									
		TUE																									
		WED				3		8																			
		THU				3		8																			
		FRI				3		8																			
		SAT																									
		SUN																									
PAY PERIOD TOTAL						3020		H 1080																			
CORRECTIONS																											
COLUMNS						16		17		18		19		20			21			22		23		24		25	26

* CERTIFICATION FOR SICK LEAVE
I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Suspension
3, 4, 5 Dec 86

Holiday
27 Nov 86

PC 1009 B

Figure 4-3. Sample of a completed DA Form 4395 showing suspension of an employee

ZVS		A		.01		123456789		THOMAS S MAGNUM										A6010		861206 1										
DIC		DEF. CD		PCN		SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD										
TOUR OF DUTY		DAY		SH		1 ST		ND		2 ND		3 RD		OVERTIME HRS.			SUM. PREM			HOL. HRS.		COMB. HRS.		LEAVE TAKEN			INITIAL			
FROM	TO	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	
1200	1600																													
PAY PERIOD TOTAL						0400																								
CORRECTIONS																														
COLUMNS																														

PCB 10359

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

1500-1600 1 7M

4 7M

000001

Linda M. Bame 3217
LINDA M BAME 0 DEC 86
SUPERVISOR DIVISION
Requires DA FORM 4395 (TEST), MAY 81, which will be used.
DA FORM 4395, DEC 81

ZVT		A		.01		123456789																									
DIC		DER. CD		PCN		SOCIAL SECURITY NUMBER																									
TOUR OF DUTY		DAY		SH		AWOP		OTHER		L.S.L. & HOL. CODE		L.S.L. & HOL. HOURS PAID		MISC. HRS. CD.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS	
FROM	TO	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	
PAY PERIOD TOTAL						H0040																									
CORRECTIONS																															
COLUMNS																															

PCB 10359

CERTIFICATION FOR SICK LEAVE: I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS: Holiday 27 NOV 86

Figure 4-5. Sample of a completed DA Form 4395 for a part-time employee with holiday leave

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206 1											
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD											
TOUR OF DUTY		DAY		SH. CD		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS			SUN. PREM			HOL. CD		HOL. HRS. WKO.		COMP. HRS. WKO.		LEAVE TAKEN			INITIAL				
FROM	TO											1 SH	2 SH	3 SH	1 SH	2 SH	3 SH							ANN	SICK	COMP					
1500	2330	SUN		8																											
		MON		8																											
		TUE		8																											
		WED																													
		THU																													
		FRI																													
		SAT																													
		SUN																													
PAY PERIOD TOTAL						0800		0500				16																			
CORRECTIONS																															
COLUMNS						16		17		20		21		22		23		24		25		26		27		28		29		30	

PC 1089 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

* SEE REVERSE

Linda M Bame 3217
LINDA M BAME 8 Dec 86

REPLACES DA FORM 4395 (TEST), MAY 81, WHICH WILL BE USED

DA FORM 4395, DEC 81

ZVT		A		01		123456789																									
DIC		DEP. CD		PCN		SOCIAL SECURITY NUMBER																									
TOUR OF DUTY		DAY		SH. CD		AWOP		OTHER		LSL		LSL		MISC. HRS. CD		MISC. HRS.		MIL. LV. DAYS		LEAVE LSTN CODE		MAN PAY CODE		ENV. HAZ PAY HRS.		ENV. HAZ PAY HRS.		INITIALS			
FROM	TO																														
		SUN																													
		MON																													
		TUE							H	B																					
		WED																													
		THU																													
		FRI																													
		SAT																													
		SUN																													
PAY PERIOD TOTAL								C		B																					
CORRECTIONS												00320																			
COLUMNS						16		17		19		21		22		23		24		25		26		27		28		29		30	

PC 1089B

* CERTIFICATION FOR SICK LEAVE. I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

Jury Duty
1, 2, 5 Dec 86
certificate of attendance will be sent NLT PPE 12/20/86.

Holiday
25 Nov 86
Irregular TOD

Meal period
1830-1900

Figure 4-6. Sample of a completed DA Form 4395 showing holiday leave and court leave—irregular TOD

ZVS		A		01		123456789		THOMAS S MAGNUM												A6010		861206 1			
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME						COST CENTER		PRY PERIOD					
TOUR OF DUTY		DAY		SH. CO.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUN. PREM.			HOL. HRS.		COMP. HRS.		LEAVE TAKEN			* SEE REVERSE
FROM TO		DAY		SH. CO.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	HOL. WKD.	COMP. WKD.	ANN.	SICK	COMP.	INITIALS		
0700-0700		MON		24																					
		TUE		24																					
		WED		24																					
		THU		24																					
		FRI		24																					
		SAT		24																					
		SUN		24																					
		MON		24																					
		TUE		24																					
		WED		24																					
		THU		24																					
		FRI		24																					
		SAT		24																					
		SUN		24																					
PAY PERIOD TOTAL				1440																					
CORRECTIONS																									
COLUMNS																									

REGIONS TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M Bame 3/21/77

LINDA M BAME DIRECTOR

Requires DA FORM 4395 (TEST), MAY 81, which will be used.
DA FORM 4395, DEC 81

ZVT		A		01		123456789		MISC. HRS.	MIL. L.V. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. AND HAZ. PAY C.D.	ENV. HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE							
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						MISC. HRS.	MIL. L.V. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. AND HAZ. PAY C.D.	ENV. HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS				
TOUR OF DUTY		DAY		SH. CO.		AWOP		OTHER		LSL	LSL	LSL	MISC. HRS.	MIL. L.V. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. AND HAZ. PAY C.D.	ENV. HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS			
FROM TO		DAY		SH. CO.		CD. HRS.		CD. HRS.		HOL. CODE	HRS. PAID	HRS.	HRS.	HRS.	HRS.	HRS.	HRS.	HRS.	HRS.	INITIALS			
		MON		0		24																	
		TUE		0		24																	
		WED		0		24																	
		THU		0		24																	
		FRI		0		24																	
		SAT		0		24																	
		SUN		0		24																	
		MON		0		24																	
		TUE		0		24																	
		WED		0		24																	
		THU		0		24																	
		FRI		0		24																	
		SAT		0		24																	
		SUN		0		24																	
PAY PERIOD TOTAL				0		1440						13											
CORRECTIONS																							
COLUMNS																							

* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS
Military leave

AD orders & Certificate of attendance attached.

Pcs 1055B

Figure 4-7. Sample of a completed DA Form 4395 showing military leave for a firefighter

ZVS		A		01		123456789		THOMAS S MAGNUM			A6010		861206 1																
DIC		DEF CD		PCN		SOCIAL SECURITY NUMBER			NAME			COST CENTER		PAY PERIOD															
TOUR OF DUTY		DAY		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUN. PREM.			HOL. HRS.		CORR. HRS.		LEAVE TAKEN		* SEE REVERSE							
FROM		TO		CD		CD		CD		1 SH. 2 SH. 3 SH.			1 SH. 2 SH. 3 SH.			HOL. HRS. WCD.		CORR. HRS. WCD.		ANN. SICK CORR.		INITIALS							
SUN		MON		TUE		WED		THU		FRI		SAT		SUN		MON		TUE		WED		THU		FRI		SAT		SUN	
1530		2400		0000		0000		0000		0000		0000		0000		0000		0000		0000		0000		0000		0000		0000	
				5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2		5 1/2			
PAY PERIOD TOTAL				08000550																									
CORRECTIONS																													
COLUMNS				16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50																									

PCS 1088 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M Bame 3217
LINDA M BAME
MAY 81, which will be used.
CA FORM 4395, DEC 81

ZVT		A		01		123456789																							
DIC		DEF CD		PCN		SOCIAL SECURITY NUMBER			MISC. HRS. CD.			MIL. LV. DAYS			ENV. HAZ. PAY HRS.			ENV. HAZ. PAY HRS.			INITIALS		* CERTIFICATION FOR SICK LEAVE:						
TOUR OF DUTY		DAY		AWOP		OTHER		L.S. & M. HRS. PAID			LEAVE TAKEN			ENV. AND HAZ. PAY			ENV. AND HAZ. PAY			INITIALS		* CERTIFICATION FOR SICK LEAVE:							
FROM		TO		CD		CD		L.S. & M. HRS. PAID			LEAVE TAKEN			ENV. AND HAZ. PAY			ENV. AND HAZ. PAY			INITIALS		* CERTIFICATION FOR SICK LEAVE:							
SUN		MON		TUE		WED		THU		FRI		SAT		SUN		MON		TUE		WED		THU		FRI		SAT		SUN	
				0		0		0		0		0		0		0		0		0		0		0		0		0	
PAY PERIOD TOTAL				08000				12																					
CORRECTIONS																													
COLUMNS				16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50																									

REMARKS
Military Leave
AD orders & certificate of attendance attached.
Meal period
1900-1930

Figure 4-8. Sample of a completed DA Form 4395 showing military leave taken by an employee other than a firefighter

PCS 1068
TIME AND ATTENDANCE REPORT

ZVS	A	01	123456789	THOMAS S MAGNUM										A6010	861206	1			
TOUR OF DUTY		DAY	SH CD	1 ST SHIFT	ND (GSI) SHIFT	3 RD SHIFT	OVERTIME HRS			SUN PREM			HOL HRS WKO	COMP HRS WKO	LEAVE TAKEN			INITIALS	
FROM	TO						1 SH	2 SH	3 SH	1 SH	2 SH	3 SH			ANN	SICK	COMP		
		SUN																	
1530	1900	MON			5 1/2														
		TUE			5 1/2														
		WED			5 1/2														
		THU			5 1/2														
		FRI			5 1/2														
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
PAY PERIOD TOTAL				08000215															
CORRECTIONS																			

REMARKS: CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M Bame 30-17
SUPERVISOR
LINDA M BAME 8 DEC 86

DA FORM 4395, DEC 81
REPLACES DA FORM 4396 (TEST), MAY 81, WHICH WILL BE USED

ZVT	A	01	123456789																
TOUR OF DUTY		DAY	SH CD	AWOP	OTHER	LSL	LSL	LSL	MISC	MISC	MIL	LEAVE	ENV	ENV	ENV	INITIALS	* CERTIFICATION FOR SICK LEAVE *		
FROM	TO			HRS	HRS	HRS	HRS	HRS	HRS	DAYS	ACTION	HRS	HRS	HRS		I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.			
		SUN														REMARKS			
		MON														<i>Restored Annual Leave 1-5 Dec 86</i>			
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
		MON																	
		TUE																	
		WED																	
		THU																	
		FRI																	
		SAT																	
		SUN																	
PAY PERIOD TOTAL				0 0480															
CORRECTIONS																			

REMARKS: *Restored Annual Leave 1-5 Dec 86*
Holiday 27 NOV 86
Meal period 1830-1900

Figure 4-9. Sample of a completed DA Form 4395 showing showing restored annual leave

ZVS A 01 123456789		THOMAS S MAGNUM										A6010 861206 1												
SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD										
TOUR OF DUTY		1 ST			2 ND			3 RD			OVERTIME HRS.			SML. PREM.			MIL. PAY		COM. HRS.		LEAVE TAKEN		N	
FROM	TO	DAY	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	1	2	3	1	2	3	1	2	3	ANNUAL	SICK	COMP.	INITIAL	
1530	2100	SUN		0		5																		
		MON		0		5																		
		TUE		0		5																		
		WED		0		5																		
		THU		0		5																		
		FRI		0		5																		
		SAT		0		5																		
		SUN		0		5																		
PAY PERIOD TOTAL				0000000		0000000																		
CORRECTIONS																								
COLUMNS				16																				

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDAM BAME 3217
LINDAM BAME 6DEC86

DA FORM 4395, DEC 86
MAY 88, which will be used

ZVT A 01 123456789		THOMAS S MAGNUM										A6010 861206 1												
SOCIAL SECURITY NUMBER		NAME										COST CENTER		PAY PERIOD										
TOUR OF DUTY		1 ST			2 ND			3 RD			OVERTIME HRS.			SML. PREM.			MIL. PAY		COM. HRS.		LEAVE TAKEN		N	
FROM	TO	DAY	CD.	HRS.	CD.	HRS.	CD.	HRS.	CD.	HRS.	1	2	3	1	2	3	1	2	3	ANNUAL	SICK	COMP.	INITIAL	
		SUN		0		0		0		0														
		MON		0		0		0		0														
		TUE		0		0		0		0														
		WED		0		0		0		0														
		THU		0		0		0		0														
		FRI		0		0		0		0														
		SAT		0		0		0		0														
		SUN		0		0		0		0														
		MON		0		0		0		0														
		TUE		0		0		0		0														
		WED		0		0		0		0														
		THU		0		0		0		0														
		FRI		0		0		0		0														
		SAT		0		0		0		0														
		SUN		0		0		0		0														
PAY PERIOD TOTAL				00000																				
CORRECTIONS																								
COLUMNS				14																				

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

LINDAM BAME 3217
LINDAM BAME 6DEC86

DA FORM 4395, DEC 86
MAY 88, which will be used

REMARKS
COP - Traumatic Injury
DF attached
Meal period 1830-1900
COP days Charged = 14

Figure 4-11. Sample of a completed DA Form 4395 showing COP for an employee

ZVS		A		01		123456789		THOMAS S MAGNUM			A6010		861206 1										
SIC		DEF CD		PCN		SOCIAL SECURITY NUMBER		NAME			COST CENTER		PAY PERIOD										
TOUR OF DUTY		DAY		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS			SUN PREM			MIL HRS		COMP HRS		LEAVE TAKEN		INITIALS	
FROM		TO		SH CD		NO (6S)				1 SH 2 SH 3 SH			1 SH 2 SH 3 SH			HOL HRS		WKL WKL		ANN SICK COME		INITIAL	
1530		2400		SUN																			
		TUE																					
		WED																					
		THU																					
		FRI																					
		SAT																					
		SUN																					
PAY PERIOD TOTAL						08000055																072	
CORRECTIONS																							

PCB 1059
TIME AND ATTENDANCE REPORT
CERTIFYING CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.
SUPERVISOR
LINDA M BAME 3217
LINDA M BAME BDE 06
Replaces DA FORM 4395 (TEST), MAY 81, which will be used
DA FORM 4395, DEC 81

ZVT		A		01		123456789																	
DIC		DEF CD		PCN		SOCIAL SECURITY NUMBER																	
TOUR OF DUTY		DAY		AWOP		OTHER		LSD		LSD		MISC		MIL		LEAVE		ENV		ENV		INITIALS	
FROM		TO		SH CD		HRS CD		HRS		HRS		HRS		LV		ACTION		HAZ		HAZ		INITIALS	
		SUN																					
		MON				A		000000															
		TUE				A		000000															
		WED				A		000000															
		THU				A		000000															
		FRI				A		000000															
		SAT				A		000000															
		SUN				A		000000															
		MON				A		000000															
		TUE				A		000000															
		WED				A		000000															
		THU				A		000000															
		FRI				A		000000															
		SAT				A		000000															
		SUN				A		000000															
PAY PERIOD TOTAL						D		0720															
CORRECTIONS																							

PCB 1059
* CERTIFICATION FOR SICK LEAVE
I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE
REMARKS
Pending Disability Retirement
Holiday 27 Nov 86

Figure 4-12. Sample of a completed DA Form 4395 showing disability retirement for an employee

ZVS		A		01		123456789		THOMAS S MAGNUM										A6010		861206					
DTC		DEF CD		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD					
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUM. PREM			HOL. HRS. WKD.		COMP. HRS. WKD.		LEAVE TAKEN			* SEE REVERSE
FROM		TO		SH. CD.		1 (GS)		2 (GS)		3 (GS)		1 SH.	2 SH.	3 SH.	1 SH.	2 SH.	3 SH.	HOL. BK CD.	HOL. HRS. WKD.	COMP. HRS. WKD.	ANN.	SICK	COMP.	INITIAL	* SEE REVERSE
0730/1600		MON		00000000																	B		7M	CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.	
		TUE		00000000																					
		WED		00000000																					
		THU		00000000																					
		FRI		00000000																					
		SAT		00000000																					
		SUN		00000000																					
PAY PERIOD TOTAL				0000								2 (1600-1800)													
CORRECTIONS																									
COLUMNS																									

ZVT		A		01		123456789															
DTC		DEF CD		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD	
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		L.S.L. & H.A. HOURS PAID		MISC. HRS.	MISC. HRS.	MIL. LY. DAYS	LEAVE ACTION CODE	MAN PAY CODE	ENV. AND HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE	
FROM		TO		SH. CD.		CO. HRS.		CO. HRS.		L.S.L. & H.A. HOURS PAID	MISC. HRS.	MISC. HRS.	MIL. LY. DAYS	LEAVE ACTION CODE	MAN PAY CODE	ENV. AND HAZ. PAY HRS.	ENV. AND HAZ. PAY HRS.	INITIALS	* CERTIFICATION FOR SICK LEAVE		
		SUN																			
		MON																			
		TUE														G	B		REMARKS		
		WED														E	4		25% EDP "E"		
		THU																	High Work		
		FRI																	80% EDP "G"		
		SAT																	Explosives		
		SUN																	40% EDP "H"		
		MON														H	B		Toxic Chemicals		
		TUE														H	B				
		WED														H	10				
		THU														H	B				
		FRI																			
		SAT																			
		SUN																			
PAY PERIOD TOTAL						H0000													Holiday		
CORRECTIONS																			27 NOV 86		
COLUMNS																					

Figure 4-14. Sample of a completed DA Form showing EDP for a WG employee

ZYB		24A		01		123456789		THOMAS S MAGNUM										A01AA		861206 1		
DTC		DEP. CD		PCN		SOCIAL SECURITY NUMBER						NAME				POST CENTER		PAY PERIOD				
TOUR OF DUTY		DAY	SH	1 ST	ND	2 ND	3 RD	OVERTIME HRS.			SUM. PREM			HOL. HRS.		COMB. HRS.		LEAVE TAKEN			* SEE REVERSE	
FROM TO		DAY	CL	SHIFT	(SS)	SHIFT	SHIFT	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	POL.	SH. CD	WED.	WED.	ANN	SCK	COMP	INITIAL	
0800/1630		MON		8																		
0800/1200		MON		4																		
PAY PERIOD TOTAL				0120																		
CORRECTIONS																						
COLUMNS		16	17	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019

FOR 4395 TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Bone

Am 3217

Linda M. Bone

8 Dec 06

LINDA M. BONE
DA FORM 4395, DEC 88
MAY 91, which will be used.

Figure 5-1. Sample of a completed DA Form 4395 for a substitute teacher

ZYB		20A		01		123456789		THOMAS S MAGNUM										A01AA		861206 1							
DTC		DER. CD.		PCN		SOCIAL SECURITY NUMBER		NAME										POST CENTER		PAY PERIOD							
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUM. PREM.			HOL. CD.		MIL. HRS.		COMB. HRS.		LEAVE TAKEN			*
FROM TO		DAY		SH. CD.		1 ST SHIFT		2 ND SHIFT		3 RD SHIFT		1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	HOL.	MIL.	COMB.	ANN.	SICK	COMP.	INITIAL	REVERSE		
PCB 1089		TIME AND ATTENDANCE REPORT		0800		1630		0800		0800																	
PAY PERIOD TOTAL				0800																							
CORRECTIONS																											
COLUMNS																											

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.
 SUPERVISOR
Linda M. Bane
 SUPERVISOR
Linda M. Bane
 EXTENSION
 8 DEC 86
 Replaces DA FORM 4395 (TEST), MAY 81, which will be used.
 DA FORM 4395, DEC 81

ZVT		A		01		123456789															
DTC		DER. CD.		PCN		SOCIAL SECURITY NUMBER															
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		L.S.L. L.S.L. L.S.L.		MISC. HRS. CD.	MISC. HRS.	MIL. L.V. DAYS	LEAVE ACTION CODE	MAN. PAY CODE	ENV. AND HAZ. PAY CD.	ENV. HAZ. PAY HRS.	ENV. HAZ. PAY HRS.	INITIALS	REMARKS
FROM TO		DAY		SH. CD.		HRS. CD.		HRS.		HOL. CODE	HRS. PAID										
PCB 1089		TIME AND ATTENDANCE REPORT																			* CERTIFICATION FOR SICK LEAVE I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE. REMARKS <i>Holiday</i> <i>27 NOV 86</i>
PAY PERIOD TOTAL						0800															
CORRECTIONS																					
COLUMNS																					

Figure 5-2. Sample of a completed DA Form 4395 showing holiday leave (teachers only)

Z Y B		20A 01		123456789				THOMAS S MAGNUM					A6010		861220 1					
DNC		DEP. CD.		PCN		SOCIAL SECURITY NUMBER				NAME					POST CENTER		PAY PERIOD			
TOUR OF DUTY		DAY	SHL CD.	1 ST SHIFT	RD (GS)	2 MD SHIFT	3 RD SHIFT	OVERTIME			SUN. PREM			HOL. PRG. WKD.		LEAVE TAKEN		N		
FROM	TO							1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	1 SH	2 SH	3 SH	ANM		SCK	COMB
0800/630		SUN		B				/												
		MON		B				/												
		TUE		B				/												
		WED		B				/												
		THU		B				/												
		FRI		B				/												
		SAT		B				/												
		SUN		B				/												
PAY PERIOD TOTAL				0800				0100												
CORRECTIONS																				
COLUMNS																				

FOR EMP TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

* SEE REVERSE

LINDA M BONE 22 DEC 86 SUPERVISOR

LINDA M BONE 22 DEC 86

LINDA M BONE 22 DEC 86

DA FORM 4395, DEC 86

MAY 81, WHICH WILL BE USED.

Figure 5-3. Sample of a completed DA Form 4395 showing additional hours (teachers)

Z Y B		2 0 A		0 1		1 2 3 4 5 6 7 8 9				T H O M A S S M A G N U M				A 0 1 A A		8 6 1 2 0 6 1											
D I C		D E P. C D		P C N		S O C I A L S E C U R I T Y N U M B E R				N A M E				C O S T C E N T E R		P A Y P E R I O D											
T O U R O F D U T Y		D A Y		S H		1 S T		2 N D		3 R D		O V E R T I M E H R S			S U M. P R E M			H O L. H R S.		C O M M. H R S.		L E A V E T A K E N		* S E E R E V E R S E			
F R O M T O		D A Y		C D		S H I F T		S H I F T		S H I F T		1 S H 2 S H 3 S H			1 S H 2 S H 3 S H			H O L. S H. C D		W K D.		A N N S I C K C O M M		I N I T I A L			
		S U N																									
0800/1630		M O N				B																					
		T U E				B																					
		W E D				B																					
		T H U				B																					
		F R I				B																					
		S A T				B																					
		S U N				B																					
		M O N				B																					
		T U E				B																					
		W E D				B																					
		T H U				B																					
		F R I				B																					
		S A T				B																					
		S U N				B																					
P A Y P E R I O D T O T A L						0800																					
C O R R E C T I O N S																											
C O L U M N S		16 17		18 19		20 21		22 23		24 25		26 27 28			29 30 31			32 33		34 35		36 37		38 39		40 41	

P C S 1 0 8 8 9

C E R T I F I E D C O R R E C T A S T O A L L T I M E W O R K E D A N D L E A V E T A K E N T H R O U G H T H E E N D O F T H I S T I M E P E R I O D.

Linda M. Bame
Linda M. Bame
8 Dec 86
SUN 3217
SUN 3217

S U B V I S I O N
L I N D A M . B A M E
8 D E C 8 6
R e p l a c e D A F O R M 4 3 9 5 (T E S T)
M A Y 8 1 , w h i c h w i l l b e u s e d .
D A F O R M 4 3 9 5 , D E C 8 6

Z V T		A		0 1		1 2 3 4 5 6 7 8 9				M I S C. H R S.				M I L. L V. D A Y S		E N V. H A Z P A Y H R S.		E N V. H A Z P A Y H R S.		I N I T I A L S	
D I C		D E P. C D		P C N		S O C I A L S E C U R I T Y N U M B E R				M I S C. H R S. C D.		M I S C. H R S.		M I L. L V. D A Y S		E N V. H A Z P A Y H R S.		E N V. H A Z P A Y H R S.		I N I T I A L S	
T O U R O F D U T Y		D A Y		S H		A W O P		O T H E R		L S L L S L A N O L. C O D E		L S L L S L A N O L. H O U R S P A I D		L E A V E A C T I O N C O D E		M A N P A Y C O D E		E N V. A N D H A Z P A Y C O. C D.		I N I T I A L S	
F R O M T O		D A Y		C D		H R E		H R E		H O L. C O D E		H O U R S P A I D		L E A V E A C T I O N C O D E		M A N P A Y C O D E		E N V. A N D H A Z P A Y C O. C D.		I N I T I A L S	
		S U N																			
		M O N																			
		T U E																			
		W E D																			
		T H U				0 8															
		F R I																			
		S A T																			
		S U N																			
P A Y P E R I O D T O T A L						0080															
C O R R E C T I O N S																					
C O L U M N S		16 17		18 19		20 21		22 23		24 25		26 27 28		29 30 31		32 33		34 35		36 37	

* C E R T I F I C A T I O N F O R S I C K L E A V E
I C E R T I F Y T H A T T H I S A B S E N C E W A S I N A C C O R D A N C E W I T H S T A T U T E S A N D R E G U L A T I O N S A U T H O R I Z I N G S I C K L E A V E.

R E M A R K S
H o l i d a y
2 7 N O V 8 6

P C S 1 0 8 8 8

Figure 5-4. Sample of a completed DA Form 4395 showing teacher leave

Z Y B		2 0 A		. 0 1		1 2 3 4 5 6 7 8 9		T H O M A S S M A G N U M					A 0 1 A A		8 6 1 2 0 6 1										
D I C		D E P . C D .		P C N		S O C I A L S E C U R I T Y N U M B E R		N A M E					L O S T C E N T E R		P A Y P E R I O D										
T O U R O F D U T Y		D A Y		S H I F T		1 S T S H I F T		2 N D S H I F T		3 R D S H I F T		O V E R T I M E H R S.			S U N . P R E M .			H O L . N R S . W K D .		C O M P . N R S . W K D .		L E A V E T A K E N			#
F R O M		T O		C D .		C D .		C D .		C D .		1 S H	2 S H	3 S H	1 S H	2 S H	3 S H	H O L . S H . C D .	H O L . N R S . W K D .	C O M P . N R S . W K D .	A N N .	S I C K	C O M P .	I N I T I A L	#
S U N																									
M O N		0800/1630																							
T U E																									
W E D																									
T H U																									
F R I																									
S A T																									
S U N																									
P A Y P E R I O D T O T A L																									
C O R R E C T I O N S																									
C O L U M N S		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39

P C S 1049
T I M E A N D A T T E N D A N C E R E P O R T

* SEE REVERSE
CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M. Bame

LINDA M. BAME 8 Dec 86

SUPERVISOR
EXHIBITION
REPLACE DA FORM 4395 (7-83)
DA FORM 4395, DEC 81

Z V T		A		. 0 1		1 2 3 4 5 6 7 8 9												* CERTIFICATION FOR SICK LEAVE:	
D I C		D E P . C D .		P C N		S O C I A L S E C U R I T Y N U M B E R		M I S C . H R S .	M I S C . H R S .	M I L . L V . D A Y S	L E A V E A C T I O N C O D E	M A N P A Y C O D E	E N V . H A Z P A Y H R S .	E N V . H A Z P A Y H R S .	E N V . H A Z P A Y H R S .	I N I T I A L S	I C E R T I F Y T H A T T H I S A B S E N C E W A S I N A C C O R D A N C E W I T H S T A T U T E S A N D R E G U L A T I O N S A U T H O R I Z I N G S I C K L E A V E .		
T O U R O F D U T Y		D A Y		S H I F T		A W O P		O T H E R		L S L	L S L	L S L	E N V . H A Z P A Y H R S .	E N V . H A Z P A Y H R S .	E N V . H A Z P A Y H R S .	I N I T I A L S			
F R O M		T O		C D .		C D .		C D .		C O D E	C O D E	C O D E	H R S .	H R S .	H R S .	I N I T I A L S			
S U N																			
M O N																			
T U E																			
W E D																			
T H U								0 8									H o l i d a y		
F R I																	27 Nov 86		
S A T																			
S U N																			
M O N																			
T U E																			
W E D																			
T H U																			
F R I																			
S A T																			
S U N																			
P A Y P E R I O D T O T A L																			
C O R R E C T I O N S																			
C O L U M N S		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

H o l i d a y
27 Nov 86

Emergency
Leave - CONUS
3-5 Dec 86
Not present to
initial leave

Figure 5-6. Sample of a completed DA Form 4395 showing emergency leave (teachers only)

ZYB		20A		01		123456789			THOMAS S MAGNUM					A01AA		870103 1																																											
DIC		DEP CD		PCN		SOCIAL SECURITY NUMBER			NAME					COST CENTER		PAY PERIOD																																											
TOUR OF DUTY		DAY		SH. CD.		1 ST SHIFT		ND 16SI		2 ND SHIFT		3 RD SHIFT		OVERTIME HRS.			SUN. PREM.			HOL. HRS. WKD.		COMP. HRS. WKD.		LEAVE TAKEN			N																																
FROM		TO												1 SH			2 SH			3 SH			ANN.		SICK		COMP		INITIAL																														
		SUN																																																									
		MON				8																																																					
		TUE				8																																																					
		WED				8																																																					
		THU				8																																																					
		FRI				8																																																					
		SAT				8																																																					
		SUN				8																																																					
		MON				8																																																					
		TUE				8																																																					
		WED				8																																																					
		THU				8																																																					
		FRI				8																																																					
		SAT				8																																																					
		SUN				8																																																					
PAY PERIOD TOTAL						0800																																																					
CORRECTIONS																																																											
COLUMNS						17		20		21		24		25		26		29		30		31		32		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50	

PC3 1088

TIME AND ATTENDANCE REPORT

CERTIFIED CORRECT AS TO ALL TIME WORKED AND LEAVE TAKEN THROUGH THE END OF THIS TIME PERIOD.

Linda M Bame
 SUPERVISOR
 LINDA M BAME 5 JAN 87
 SUPERVISOR
 REQUIRES DA FORM 4395 (TEST) MAY 81, WHICH WILL BE USED.
 DA FORM 4395, DEC 81

ZVT		A		01		123456789																																																							
DIC		DEP CD		PCN		SOCIAL SECURITY NUMBER																																																							
TOUR OF DUTY		DAY		SH. CD.		AWOP		OTHER		L.S.L. HRS. PAID		L.S.L. HRS. PAID		MISC. HRS.		MISC. HRS.		MIL. LV. DAYS		LEAVE ACTION CODE		MAN. PAY CODE		ENV. AND HAZ. PAY CD.		ENV. HAZ. PAY HRS.		ENV. HAZ. PAY HRS.		INITIALS																															
FROM		TO																																																											
		SUN																																																											
		MON				0		8																																																					
		TUE				0		8																																																					
		WED				0		8																																																					
		THU				0		8																																																					
		FRI				0		8																																																					
		SAT				0		8																																																					
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* CERTIFICATION FOR SICK LEAVE

I CERTIFY THAT THIS ABSENCE WAS IN ACCORDANCE WITH STATUTES AND REGULATIONS AUTHORIZING SICK LEAVE.

REMARKS

*Christmas recess
 22 Dec 86 -
 2 Jan 87*

PC3 1088

Figure 5-7. Sample of a completed DA Form 4395 showing Christmas recess (teachers only)

Glossary

Section I Abbreviations

AL
annual leave

APL
any purpose leave

AWOL
absent without leave

AWOP
absent without pay

AWS
alternate work schedule

CL
court leave

COP
continuation of pay

CPO
civilian personnel office

EDP
environmental differential pay

EOD
entered on duty

FECA
Federal Employees' Compensation Act

FLSA
Fair Labor Standards Act

GS
General Schedule

HDP
Hazardous duty pay

LWOP
leave without pay

ML
military leave

OASA(FM)
Office of the Assistant Secretary of the Army
for Financial Management

OWCP
Office of Workers' Compensation

PCN
payroll control number

SL
sick leave

SSN
social security number

STARCIIPS
Standard Army Civilian Payroll System

TA
time and attendance

TDY
temporary duty

TOD
tour of duty

WG
wage grade

Section II Terms

Administrative leave
Absences from regularly assigned duties without charge to annual leave, sick leave, or compensatory leave. Examples of administrative leave are court leave, holiday leave, blood donor leave, and so forth.

Call back overtime
Payment of 2 hours of overtime when an employee is required to return to his or her place of employment for unscheduled overtime work or he or she works unscheduled overtime on a nonscheduled workday.

Corrected DA Form 4395
A DA Form 4395 required to be submitted to the civilian payroll office any time data on the original form needs to be corrected.

Installation policy
Policy established by an installation that is unique to that installation.

Majority of hours
The number of whole hours greater than one-half (including meal breaks).

Night work period
Generally, hours of work falling between 1800 one day and 0600 the following day (excluding the meal period).

Positive hours reporting
On the PAY PERIOD TOTAL line, the total of each column posted without the zero fill requirement.

Regularly scheduled overtime
Those hours that were scheduled to be worked prior to the beginning of the administrative workweek. (The exact date and clock hours the work is to be done must be scheduled for each employee and the overtime must be worked during the scheduled hours.)

Supervisor
An employee of an agency that has the authority to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees.

Supplemental DA Form 4395
A DA Form 4395 required to be submitted to add overtime, compensatory time, or holiday hours worked which were omitted from a previously submitted form.

Timekeeper
An employee who maintains DA Form 4395's.

Tour of duty
The hours of duty an employee is scheduled to work.

**Section III
Special Abbreviations and Terms**
There are no special terms.

Index

This index is organized alphabetically by topic and by subtopic within topic.

Topics and subtopics are identified by paragraph number.

Absence without leave. See **Leave, AWOL**
Administrative leave. See **Leave, administrative**

Alternate work schedules, 2–12

Annual leave. See **Leave, annual**

Application for leave, 2–5, 3–8, 3–11, 3–12, 4–9

Callback overtime, 3–7

Certification. See **TA reporting, certification**

Compensatory hours worked and taken, 3–8

Compressed work schedule. See **Alternate work schedules**

Consultant, 3–2

Continuation of Pay, 4–10

Corrected DA Form 4395. See **TA reporting, Corrected DA Form 4395**

Court leave. See **Leave, court**

Credit hours. See **Alternate work schedules**

Daily entries, 2–3

Daylight saving time, 2–7

Environmental differential pay, 4–18

Flexitime. See **Alternate work schedules**

Hazardous duty pay, 4–17

Holiday hours worked, 3–10

Home leave, 4–16

Intermittent employees, 2–6

Jury fees, 4–7

Leave:

Administrative, 4–16

Advances, 3–11, 3–12

Annual, 3–11

AWOL, 4–4

AWOP, 4–4

Blood donor, 4–14

Court, 4–7

Disability, 4–11

Funeral, 4–13

Holiday, 4–6

Law enforcement, 4–15

LWOP, 4–4

Maternity, 4–12

Military, 4–8

Restored annual, 4–9

Sick, 3–12

Suspension, 4–4

Workers' Compensation, 4–4

Light duty COP. See **Continuation of pay**

LWOP. See **Leave, LWOP**

Maternity leave. See **Leave, maternity**

Medical certificate, 3–12

Military leave. See **Leave, military**

New employees, 3–1

Night differential, 3–5

Overtime, 3–7

Religious compensatory time, 3–8

Restored annual leave. See **Leave, restored annual**

Shift differential, 3–4

Sick leave. See **Leave, sick**

Sunday premium, 39

Supervisor's checklist, 2–5

Supplemental DA Form 4395. See **TA reporting, Supplemental DA Form 4395**

TA reporting:

Certification, 2–4, 2–5

Clock hours, 2–10

Codes, 2–11

Corrected DA Form 4395, 2–8

Submission, 2–6

Supplemental DA Form 4395, 2–9

Teachers:

Additional teacher hours, 5–4

Any purpose leave, 5–5

Christmas recess, 5–6

Substitute teachers, 5–3, 5–4

Teacher's leave, 5–5

Timekeeper's duties, 2–2

Tour of duty, 3–2, 4–2

Workers' compensation, 4–4

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