U.S. Department of State

STUDENT TIME SHEET

EMPLOYEE NAME *(Last, First, MI)*	SSN	PAY PERIOD
ORGANIZATION		ENDING DATE : *(mm-dd-yyyy)*

	REG DUTY & LEAVE								PREMIUM				HOURS		
	DAY	REG	AL	SL	CT USED	CT WK	OTHER	LWOP	ND	SD	HOL	OT	FROM	TO	EMPLOYEE INITIAL
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
													← 1st WEEK TOTAL		

	REG DUTY & LEAVE								PREMIUM				HOURS		
	DAY	REG	AL	SL	CT USED	CT WK	OTHER	LWOP	ND	SD	HOL	OT	FROM	TO	EMPLOYEE INITIAL
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
													← 1st WEEK TOTAL		

Signature of Student/Timekeeper	Date	Signature of Supervisor	Date

MANDATORY

Please attach an authorized SF-71 to your time sheet for annual and sick leave.

Sick leave approval is needed from your course coordinator.

Annual leave approval from your Career Development Officer

Employee certifies that the information is true and correct and in keeping with Department Regulations

EMPLOYEE DEPARTED TO POST

TO:

FROM:

IF NEW EMPLOYEE

EOD:

IF RESIGNED/RETIRED/TERMINATED

SEPARATION DATE: *(mm-dd-yyyy)*

OTHER ABSENCE COL CODES

1. OFFICIAL LV & EXCUSED ABSENCE
2. COURT
3. MILITARY
4. HOME
5. USE OF RESTORED ANNUAL LEAVE
6. ALL OTHER

DS-4027