

I certify under penalty of perjury that I am duly authorized by the herein named state agency to make this report and certification; that this report correctly reflects the attendance of all employees of this reporting unit for the pay period indicated and that all employees listed herein are entitled to payment for the time reported herein. All persons listed herein have taken and filed the oaths required by law.

BATCH ID

PAGE

AGY	RU	PAY PERIOD		PAGE
		TYPE	MO YR	

STATE OF CALIFORNIA
TIME AND ATTENDANCE REPORT
FORM 672 (02/97)

PAY PERIOD TYPE MO YR ROLL

AUTHORIZED SIGNATURE _____ DATE KEYED _____

(A) No Exceptions (B) Exceptions No Warrants For Redeposit (C) Exceptions With Warrants For Redeposit (Do Not Update MPC)

EMPLOYEE DATA				STD	TIME WORKED		ERN ID	DYS	HOURS	RATE	AF	ERN ID	DYS	HOURS	RATE	AF	ERN ID	DYS	HOURS	RATE	AF	
<input type="checkbox"/> OK	SSN	NAME	CLASS-SERIAL	T/B FRAC	CBID																	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

AGY	RU	NO. OF EMPLOYEES	TIME WORKED			TIME WORKED			TIME WORKED			TIME WORKED		
			STD	DAYS	HOURS	STD	DAYS	HOURS	DAYS	HOURS	RATE	DAYS	HOURS	RATE
			ATTENDANCE TOTALS THIS PAGE ONLY			ATTENDANCE TOTALS FOR THIS UNIT			BATCH TOTALS- THIS PAGE ONLY			BATCH TOTALS- FOR THIS BATCH		