CONSERVATION OFFICER
28 DAY ATTENDANCE REPORT

State Form 37031 (R8 / 1-03)
Approved by State Board of Accounts, 2003

INSTRUCTIONS: The starting time, ending time and total hours worked will be used when an employee is present. When an employee is absent, the code indicating the reason for the absence will be entered in the appropriate "Scheduled Hours" portion of the box.

Name of employee	Date employed	PE number	District	Scheduled work period	Primary base radio contact

Scheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	
Unscheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	_____ WK 1
Scheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	
Unscheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	_____ WK 2
Scheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	
Unscheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	_____ WK 3
Scheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	
Unscheduled Hours	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	10-41 10-42 Total Hrs:	_____ WK 4

Total hours in pay status	Total hours worked

COMPENSATORY OVERTIME

Balance of straight time hours from previous work period: _____

Hours earned this work period: _____ Hrs. @ straight time + _____

_____ Hrs. @ premium time = _____

Total straight time: _____

Total hours of compensatory time used this work period: _____

Balance of compensatory time: _____

MONETARY PAYMENT OVERTIME

Total number of hours @ straight time: _____

Total number of hours @ premium time: _____

I certify that this record is an accurate account of my hours worked for the work period indicated above.

Signature of employee	Date signed (*month, day, year*)	Reviewed by	Date reviewed (*month, day, year*)

KEY TO CODES

DO	Day Off	MA	Maternity Leave	S2	Sick / Non-Line of Duty
HD	Holiday Off	PD	Personal Day	CE	Comp. Time Earned
VA	Vacation	BL	Bereavement Leave	CT	Comp. Time Taken
ML	Military Leave	S1	Sick / Line of Duty	SP	Suspended With Pay
SW	Suspended Without Pay	LT	Lost Time	O	Other (*specify*)