

**FLEXIBLE WORKING ARRANGEMENTS IN (Name of department or office)**

**ATTENDANCE SHEET FOR COMPRESSED WORK SCHEDULE (10 IN 9)  
FOR THE MONTH OF ..... YEAR .....**

Day/Dates	Time in	Time out	Total No of hrs worked in the 10 in 9 schedule, excluding one hour for lunch	For authorized overtime/comp time of GS staff
M				
T				
W				
Th				
F				
M				
T				
W				
Th				
F				
M				
T				
W				
Th				
F				
M				
T				
W				
Th				
F				

Name of staff member:

Name of first level supervisor:

Signature of staff member  
Executive Office:

Signature of first level supervisor