

LOCAL BORDER SECURITY PROGRAM FY 13 (LBSP 13)

INDIVIDUAL TIME ALLOCATION REPORT

PROGRAM:
Local Border Security Program FY 13 (LBSP 13)

OPERATION NAME:

OPERATION DATES:

LOCATION:

LAST NAME FIRST NAME (M.I.) LAST 4 DIGITS OF SOCIAL SECURITY #

POSITION TITLE:

STATUS (check one):
 Permanent Employee Full Time _____ Temporary Employee _____

ONLY PROGRAM OVERTIME HOURS ARE ELIGIBLE FOR REIMBURSEMENT UNDER THIS PROGRAM. REPORT ALL HOURS FOR VERIFICATION.

Enter days of the week									TOTAL
Dates	1	2	3	4	5	6	7		
PROGRAM OVERTIME HOURS	8	8							16
REGULAR HOURS -- NON-PROGRAM RELATED			9	8	9	8	9		43
OTHER (SICK, VACATION, ETC.)									0
TOTAL	8	8	9	8	9	8	9		59
Dates	8	9	10	11	12	13	14		
PROGRAM OVERTIME HOURS	8								8
REGULAR HOURS -- NON-PROGRAM RELATED		8	9	8	9	9			43
OTHER (SICK, VACATION, ETC.)									0
TOTAL	8	8	9	8	9	9	0		51
Dates	15	16	17	18	19	20	21		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS -- NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL									0
Dates	22	23	24	25	26	27	28		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS --NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL									0
Dates	29	30	31	1	2	3	4		
PROGRAM OVERTIME HOURS									0
REGULAR HOURS --NON-PROGRAM RELATED									0
OTHER (SICK, VACATION, ETC.)									0
TOTAL	0	0	0	0	0	0	0		0

Reimbursable Amount (including Fringe Benefits)

PROGRAM HOURS	RATE W/O BENEFITS	Cost w/o Benefits	FRINGE BENEFIT % RATE	REIMBURSEMENT AMOUNT
0	/hr	\$0.00	%	\$0.00
24	0.000 /hr	\$0.00	%	\$0.00

Regular
 OT \$0.00 Report this amount on form R-3.

CERTIFYING SIGNATURES:

EMPLOYEE:

GRANT PERFORMANCE OFFICER:

Must include supporting documents (copies of paychecks, official payroll rosters, payroll reports, augmentee agreement.)

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Enter days of the week								TOTAL
Dates	1	2	3	4	5	6	7	
PROGRAM OVERTIME HOURS								0
REGULAR HOURS -- NON-PROGRAM RELATED								0
OTHER (SICK, VACATION, ETC.)								0
TOTAL	0	0	0	0	0	0	0	0
Dates	8	9	10	11	12	13	14	
PROGRAM OVERTIME HOURS								0
REGULAR HOURS -- NON-PROGRAM RELATED								0
OTHER (SICK, VACATION, ETC.)								0
TOTAL	0	0	0	0	0	0	0	0
Dates	15	16	17	18	19	20	21	
PROGRAM OVERTIME HOURS								0
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Dates	29	30	31	1	2	3	4	
PROGRAM OVERTIME HOURS								0
REGULAR HOURS --NON-PROGRAM RELATED								0
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TOTAL	0	0	0	0	0	0	0	0

Reimbursable Amount (including Fringe Benefits)

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0	0.000 /hr	\$0.00	%	\$0.00

Regular

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