

**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.

Dates	1	2	3	4	5	6	7	
PROGRAM OVERTIME HOURS								
REGULAR HOURS -- NON-PROGRAM RELATED								
OTHER (SICK, VACATION, ETC.)								
TOTAL	0	0	0	0	0	0	0	0
Dates	8	9	10	11	12	13	14	
PROGRAM OVERTIME HOURS								
REGULAR HOURS -- NON-PROGRAM RELATED								
OTHER (SICK, VACATION, ETC.)								
TOTAL	0	0	0	0	0	0	0	0
Dates	15	16	17	18	19	20	21	
PROGRAM OVERTIME HOURS								
REGULAR HOURS -- NON-PROGRAM RELATED								
OTHER (SICK, VACATION, ETC.)								
TOTAL	0	0	0	0	0	0	0	0
Dates	22	23	24	25	26	27	28	
PROGRAM OVERTIME HOURS								
REGULAR HOURS --NON-PROGRAM RELATED								
OTHER (SICK, VACATION, ETC.)								
TOTAL	0	0	0	0	0	0	0	0
Dates	29	30	31	1	2	3	4	
PROGRAM OVERTIME HOURS								
REGULAR HOURS --NON-PROGRAM RELATED								
OTHER (SICK, VACATION, ETC.)								
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
0	0.000 /hr	\$0.00	%	\$0.00

Regular

OT

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.)