NAVAL DENTAL CENTER SOUTHWEST
GS EMPLOYEE
ATTENDANCE SHEET

Branch Clinic *or* Dept: **Pay Period Ending:**

DATE	SIGNATURE	TIME IN	REMARKS	DATE	SIGNATURE	TIME OUT	REMARKS

NOTE: *Early arrivals and late departures will not be recorded as overtime/compensatory time. Advance approval is required utilizing NAVCOMPT Form 2282.*

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE **DATE**