



EDWARD M. BIRN
Director (Direktot)

EDITH C. PANGELINAN
Deputy Director (Sigundo Direktot)

**DEPARTMENT OF
ADMINISTRATION**
DIPATTAMENTON ATMENESTRASION

DIRECTOR'S OFFICE
(Ufisinan Direktot)

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LOURDES A. LEON GUERRERO
Governor (Maga'håga)

JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'låhi)

January 8, 2021

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 2021-009

To: All Line Agency and Department Heads
From: Director of Administration
Subject: **Standard Time Sheets**

Buenas yan Hafa Adai!

Effective Pay Period Ending January 16, 2021, all Agency/Department Timekeepers with the exception of Law Enforcement and Guam Fire personnel are required to submit the standard **DOA FIRM 400 timesheet**. An example is attached as Attachment A.

Law Enforcement and Fire personnel should utilize the example at Attachment B.

Should you have any questions, please do not hesitate to call Ms. Betty M. Tayama, Payroll Supervisor or Mr. Gilbert D. Galang, Chief Payroll Officer at DOA Payroll Branch at 475-1198 or 475-1195, respectively.

Si Yu'os Ma'ase,



EDWARD M. BIRN

Attachment

GOVERNMENT OF GUAM BI-WEEKLY TIME SHEET

PAY PERIOD ENDING: _____

SUPERVISOR, PLEASE DELIVER TIME SHEET TO TIMEKEEPER NO LATER THAN 1200 NOON ON THURSDAY PRIOR TO THE PAY PERIOD ENDING

NOTES TO PAYROLL: _____

EMPLOYEE'S ID #	DIVISION / SECTION
DIVISION NO.	PRINT EMPLOYEE'S NAME
OFFICIAL VEHICLE #	EMPLOYEE'S SIGNATURE <small>CERTIFICATION that Time Sheet Documentation is TRUE & CORRECT</small>
Position Title Exempted Position:	SUPERVISOR'S SIGNATURE <small>SUPERVISOR, PLEASE ENSURE THE ACCURACY OF DOCUMENTATION ON THIS TIME SHEET. (FMC CODES, TIME CODES, TIME, DATE, HOURS)</small>

DO YOU DO NOT HAVE TO DOCUMENT YOUR WORK TIME AS TO HOW YOU HAVE BEEN BUDGETED?

Work Date	TIME IN	TIME OUT	BRIEF WORK DESCRIPTION
SUNDAY 01/01/00			OFF
MONDAY 01/02/00	8:00 1:00	12:00 5:00	
TUESDAY 01/03/00	8:00 1:00	12:00 5:00	
WEDNESDAY 01/04/00	8:00 1:00	12:00 5:00	
THURSDAY 01/05/00	8:00 1:00	12:00 5:00	
FRIDAY 01/06/00			
SATURDAY 01/07/00			
SUNDAY 01/08/00	8:00 1:00	12:00 5:00	
MONDAY 01/09/00	8:00 1:00	12:00 5:00	
TUESDAY 01/10/00	8:00 1:00	12:00 5:00	
WEDNESDAY 01/11/00	8:00 1:00	12:00 5:00	
THURSDAY 01/12/00	8:00 1:00	12:00 5:00	
FRIDAY 01/13/00			OFF
USE STANDARD IN / OUT TIME			TOTAL HOURS PER COLUMN

JOB# 1				JOB# 41				JOB#				
FMC Code	TIME Code	REG	MD	FMC Code	TIME Code	REG	MD	FMC Code	TIME Code	REG	MD	
HAZ	OIT	HRS	OIT	HOL	MD	OIT	HRS	OIT	MD	OIT	HRS	OIT
		8										
		8										
		8										
		8										
		8										
		8										
		8										
		8										
		8										
		8										
80	0	0		0								

PAY Type	OTHER PAID/UNPAID HOURS						
	Admin. Leave	Annual Leave	Sick Leave	Leave W/O Pay	U.D.S. Leave	Military Leave	Leave Sharing
	0	0	0	0	0	0	0

CERTIFICATION THAT ALL TIME SHEET DOCUMENTATION IS TRUE & CORRECT

DO NOT "WRITE OUT" ERRORS - DRAW ONE SOLID LINE THROUGH ERRONEOUS ENTRY, INITIAL, DATE AND DOCUMENT CORRECTION IN SPACE ABOVE ERROR.

REVISED 10/1994 FLM

TIME KEEPER'S SIGNATURE _____

CERTIFYING OFFICER'S SIGNATURE _____