

OFFICIAL USE ONLY**SAVANNAH RIVER SITE
STRATEGIC AGREEMENT TIME SHEET**

LAST NAME	FIRST	M.I.	WORK SCHEDULE	PERIOD ENDING	DEPARTMENT	ORG. CODE			
6. COMPANY NAME ACTS-SC, INC.			2.	3. MO DAY YEAR	4.	5.			
7. JOB TITLE			8. SUBCONTRACT NUMBER						
DATE:								TOTAL HOURS	
ACTIVITY CODE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL	ST/OT
A.									
B.									
C.									
D.									
E.									
F.									
G.									
H.									
I.									
J.									
K.									
L.									
TOTAL HOURS									

INSTRUCTIONS:**RECORD ONLY ACTUAL HOURS WORKED ON THIS TIME SHEET.**

1. FILL IN BLOCKS 1 THROUGH 8 WITH THE APPROPRIATE DATA.
2. FILL IN DATE ABOVE DAY OF THE WEEK.
3. FILL IN APPROPRIATE ACTIVITY CODES.
4. RECORD DAILY HOURS IN CONJUNCTION WITH DATE AND ACTIVITY CODE.
 - A. INPUT ACTUAL TOTAL HOURS WORKED FOR THAT DATE.
 - B. AT THE END OF THE WEEK ADD THE DAILY HOURS AND FILL IN THE TOTAL IN THE TOTAL COLUMN.
OVERTIME WILL BE DETERMINED AFTER THE FINAL WORKDAY OF WEEK. FORTY HOURS OF S/T WILL BE ACCOUNTED FOR, PRIOR TO COUNTING O/T.
 - C. INPUT S/T AND O/T IN THE LAST COLUMN (ST/OT)
5. ALL OVERTIME MUST BE APPROVED BY THE SUPERVISOR PRIOR TO PERFORMANCE

COMMENTS:

EMPLOYEE SIGNATURE _____ DATE: _____ TEL. EXT. _____ LOC _____

SUPERVISOR SIGNATURE _____ DATE: _____ TEL. EXT. _____ LOC _____

**SAVANNAH RIVER SITE
STRATEGIC AGREEMENT TIME SHEET
9/80's - SCHEDULE**

LAST NAME	FIRST	M.I.	1.	2.	3.	4.	5.	6.	7.	8.
				WORK SCHEDULE	PERIOD ENDING	DEPARTMENT	ORG. CODE	COMPANY NAME ACTS-SC, INC.	JOB TITLE	SUBCONTRACT NUMBER
DATE:									TOTAL HRS.	
ACTIVITY CODE	FRI (PM)	SAT	SUN	MON	TUE	WED	THUR	FRI (AM)	TOTAL	ST/OT
A.										
B.										
C.										
D.										
E.										
F.										
G.										
H.										
I.										
J.										
K.										
L.										
TOTAL HOURS										

INSTRUCTIONS:

RECORD ONLY ACTUAL HOURS WORKED ON THIS TIME SHEET.

1. **FILL IN BLOCKS 1 THROUGH 8 WITH THE APPROPRIATE DATA.**
2. **FILL IN DATE ABOVE DAY OF THE WEEK.**
3. **FILL IN APPROPRIATE ACTIVITY CODES.**
4. **RECORD DAILY HOURS IN CONJUNCTION WITH DATE AND ACTIVITY CODE.**
 - A. **INPUT ACTUAL TOTAL HOURS WORKED FOR THAT DATE.**
 - B. **AT THE END OF THE WEEK ADD THE DAILY HOURS AND FILL IN THE TOTAL IN THE TOTAL COLUMN. OVERTIME WILL BE DETERMINED AFTER THE FINAL WORKDAY OF WEEK. FORTY HOURS OF S/T WILL BE ACCOUNTED FOR, PRIOR TO COUNTING O/T.**
 - C. **INPUT S/T AND O/T IN THE LAST COLUMN (ST/OT)**
5. **ALL OVERTIME MUST BE APPROVED BY THE STR PRIOR TO PERFORMANCE.**

COMMENTS:

EMPLOYEE SIGNATURE _____ **DATE:** _____ **TEL.EXT.** _____ **LOC** _____

AFR SIGNATURE _____ **DATE:** _____ **TEL. EXT.** _____ **LOC** _____
(IF APPLICABLE)

STR SIGNATURE _____ **DATE:** _____ **TEL. EXT.** _____ **LOC** _____

Subcontractor Overtime Request

Date: _____

Name: _____

Subcontract #: _____

Week Ending: _____
(Work Week Extends from Friday _____ to 12:00 PM _____)

Number of hours of overtime to be worked in the given period: _____

Justification _____

AFR Signature: _____ **Date:** _____

***Please Note:**

Before any overtime can be worked, this form must be completed. The original must be kept with the STR file and a copy must be given to the subcontractor and the subcontract employee.

The subcontractor must submit a copy of this approved form when submitting invoices for payment.