

DAILY PAY AND WORK RECORD

2006 Census Test

Part A – EMPLOYEE INFORMATION

1. Social Security Number - -

2. Name
Last Name
First Name MI

3. Date worked / /

Day worked – Sun Mon Tue Wed Thu Fri Sat
Mark (X)

If **Reclaim** – Mark (X) this box.

4. Task code **Name of operation**

5. Changing check mailing address?
Street address or RFD number – *Include apartment number, if any.*

City
State ZIP Code -

6. Office Code **Office name**

7. Points of travel

From	To
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Remarks

Part B – PAY INFORMATION

1. Hours worked

Regular	<input type="text"/>
Training	<input type="text"/>
Night Differential (6 pm–6 am)	<input type="text"/>
Overtime	<input type="text"/>
Night Differential/Overtime (6 pm–6 am)	<input type="text"/>
TOTAL	<input type="text"/>

FOR OFFICE USE ONLY	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Times of day worked – Do not include breaks.

START	a.m.	a.m.	a.m.	a.m.	a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINISH	a.m.	a.m.	a.m.	a.m.	a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Have you claimed ALL hours worked? If not – *Please list number of hours, date(s) hours were worked, and an explanation of why you are not claiming them for payment.*

4. Reimbursements

Miles driven	<input type="text"/>
Telephone	\$ <input type="text"/>
Other – <i>Specify in Remarks and attach receipts where required.</i>	\$ <input type="text"/>

FOR OFFICE USE ONLY	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Cases Completed – Filled by supervisor.

CLD number	Cases submitted	Cases accepted
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part C – CERTIFICATION

Privacy Act Notice – All information furnished will be treated in accordance with the Privacy Act of 1974. No information will be released except as authorized by the Act.

Employee's Certification – Under penalty of fine and/or imprisonment, I certify that the information on this form is true and correct to the best of my knowledge.

Supervisor's Certification – I certify that I have reviewed the entries made and they appear to be reasonable and accurate.

Signature Date

Signature Date

FOR OFFICE USE ONLY	Audited by (Initial and date)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>

Copy distribution: **ORIGINAL** – Payroll **COPY** – Employee

DAILY PAY AND WORK RECORD

2006 Census Test

Part A – EMPLOYEE INFORMATION

1. Social Security Number – –

2. Name
Last Name

First Name MI

Month Day Year

3. Date worked
Day worked – Sun Mon Tue Wed Thu Fri Sat
Mark (X)
If **Reclaim** – Mark (X) this box. →

4. Task code Name of operation

5. Changing check mailing address?
Street address or RFD number – *Include apartment number, if any.*

City

State ZIP Code

6. Office Code Office name

7. Points of travel

From	To

Remarks

Part B – PAY INFORMATION

FOR OFFICE USE ONLY

1. Hours worked

Regular	■	■
Training	■	■
Night Differential (6 pm–6 am)	■	■
Overtime	■	■
Night Differential/Overtime (6 pm–6 am)	■	■
TOTAL	■	■

2. Times of day worked – Do not include breaks.

<u>START</u>	a.m.	a.m.	a.m.	a.m.	a.m.
	p.m.	p.m.	p.m.	p.m.	p.m.
<u>FINISH</u>	a.m.	a.m.	a.m.	a.m.	a.m.
	p.m.	p.m.	p.m.	p.m.	p.m.

3. Have you claimed ALL hours worked? If not – *Please list number of hours, date(s) hours were worked, and an explanation of why you are not claiming them for payment.*

FOR OFFICE USE ONLY

4. Reimbursements

Miles driven

Telephone \$ ■ \$ ■

Other – *Specify in Remarks and attach receipts where required.* . . . \$ ■ \$ ■

Cases Completed – Filled by supervisor.

CLD number	Cases submitted	Cases accepted
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Part C – CERTIFICATION

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Employee's Certification – Under penalty of fine and/or imprisonment, I certify that the information on this form is true and correct to the best of my knowledge.

Supervisor's Certification – I certify that I have reviewed the entries made and they appear to be reasonable and accurate.

Signature	Date
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Signature	Date
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FOR OFFICE USE ONLY	Audited by (<i>Initial and date</i>)	Remarks
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Management is authorized to collect information including a Social Security Number from all sworn employees of the Bureau of the Census. Refer to the Privacy Act Statement below.

PRIVACY ACT STATEMENT – Section 23 of Title 13, U.S. Code and Executive Order 9397 authorizes collection of this information. The primary use of this information is to certify the reasonableness and accuracy of claims, to evaluate production and payroll data, and to provide reports for management-level review. This information is required to identify individual performance, and, as such, failure to furnish this information, including your Social Security Number as an employee ID on census forms when required, may result in termination of appointment. Your signature in the certification statement section acknowledges your receipt of this notice.

INSTRUCTIONS – Using a blue or black ink ball-point pen, print each letter, number, and/or symbol inside the designated boxes. Carefully read the instructions below before completing applicable items. If you require more detailed instructions, refer to your Census Employee Handbook.

PART A – EMPLOYEE INFORMATION

- Items 1–4** — Enter your Social Security Number, full name, and date the work is performed. Mark an (X) in the box for the day that corresponds to the date worked. Enter the task code and name of the operation which you are working on. If you are reclaiming hours or expenses from previous pay periods, mark an (X) in the RECLAIM box.
- Item 5** — If you wish to change the address to which your paycheck is mailed, enter the full address in the space provided. *(This does not apply to employees who participate in the "Direct Deposit of Paycheck" program. These employees must contact their financial institution.)*
- Item 6** — Enter the Office code and Office name to which you are assigned. This information can be found on your Form SF-50, Notice of Personnel Action appointment document, or ask your Supervisor.
- Item 7** — Enter the place to which you drove each day. When driving within a city or county, enter the abbreviation **I&A** for "in and around." For example, "*I&A Fairfax County and return.*" OR, if you work in more than one assignment area, then enter only the AA numbers.

PART B – PAY INFORMATION

- Item 1** — Record the daily hours that you work. Do not include lunch periods or personal breaks from census duty. When recording partial hours, enter increments of 15 minutes (e.g., 15 minutes = .25 hour; 30 minutes = .50 hours; 45 minutes = .75 hours).

EXAMPLES:

<input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="5"/>	<input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="5"/>
5 hours, 0 minutes	5 hours, 15 minutes	5 hours, 30 minutes	5 hours, 45 minutes

- Item 2** — Record the time(s) of day that you work. The total hours must not exceed 8 hours unless additional worktime is first approved by your supervisor.
- Item 3** — Record any hours you worked but are not claiming for payment. Also include the date(s) the hours were worked and an explanation on why you are not claiming them for payment.
- Item 4** — Record your daily reimbursable expenses including number of miles driven for the day. Attach telephone bills if you are claiming official telephone expenses incurred from your home telephone or other personal telephone equipment.

CASES COMPLETED – Supervisors will complete Cases Completed entering all items as required. Specific instructions on how to fill the items are contained in the supervisor's Operations Manual. Ensure that your supervisor completes the CLD number on every DD-308 you submit. This is a required item for all enumerators.

PART C – CERTIFICATION

Certify (sign) and date your payroll document then submit it to your supervisor for approval. Keep the "Employee" copy for your record.