

Overtime Hours Questionnaire

Complete this “Overtime Hours Questionnaire” if you decide to make a claim to receive pay or compensatory time for any hours you may have worked overtime in the period June 6, 1995 through August 5, 1997. As Judge Lipscomb’s *Notice* explains, your decision to participate will not affect your future as a State employee.

This Questionnaire is part of your claim for overtime compensation. The Questionnaire combined with the enclosed “Work History Record” (green sheet) is intended to help you reconstruct your work hours as a State employee between June 6, 1995 and August 6, 1997 as accurately as possible. If you still have any records of your work hours in 1995, 1996, or 1997, such as business or personal calendars, please refer to them too. Please answer this Questionnaire to the best of your ability. It has five sections, described below.

- Section A, pp. 1-4, verifies your State of Oregon employment records for June 6, 1995 - August 5, 1997.
- Section B, pp. 5-9, asks about your normal work hours and workdays as a State employee June 6, 1995 - August 5, 1997 and about overtime hours you may have worked. If you wonder “what counts” as overtime, see pp. 37-40. The Questionnaire has space for up to three jobs you may have had then. If you held more than three jobs, please photocopy Section B (or request the pages from OSRL), fill it out, and staple it to the Questionnaire.
- Section C, pp. 9-36, contains monthly calendars for June 6, 1995 - August 6, 1997. Please fill in the calendars following the instructions on page 9 for the jobs in which you wish to claim overtime.
- Section D, p. 36, asks for some background information, to allow accurate and timely processing of your claim. All personal information you provide will be kept strictly confidential by Court order, but your payment will be public record.
- Section E, pp. 37-40, defines terms and concepts in the Questionnaire and provides answers to frequently asked questions.

As you complete the Questionnaire, feel free to make explanatory notes and comments in the margins. They will be transcribed and taken into account. If you have questions about how to fill out the Questionnaire, contact OSRL or the claimants’ attorney, using the information below. Please mail the completed Questionnaire in the enclosed OSRL-addressed envelope within 6 weeks of the *Notice*’s mailing date and use sufficient postage. If needed, OSRL may contact you to clarify your answers. As the *Notice* describes, the Court has appointed OSRL to gather data and calculate overtime hours for this case. After OSRL calculates your overtime and you confirm its accuracy, OSRL will send your report to the State’s Overtime Claims Unit. The Unit will review your overtime and send it to your employing agency to be verified.

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A. STATE EMPLOYMENT JUNE 6, 1995 THROUGH AUGUST 5, 1997:

1. The enclosed “Work History Record” shows the State’s records of your employment for the period June 6, 1995 through August 5, 1997, including hire and termination dates (see green sheet). Is this record correct? Please circle the number next to your answer.

- 1. Yes → Please continue with Question 2
- 2. No →

1a. What is incorrect about your “Work History Record”?

2. Because of some State laws, employees of certain State agencies and employees in certain jobs are totally excluded from participating in this lawsuit. Did you work in any of the following agencies or jobs June 6, 1995 through August 5, 1997? If yes, did you work there for the whole period June 6, 1995 through August 5, 1997 or for part of the period? (For each item, please circle the number that corresponds to your answer.)

Did you work in any of the following agencies or jobs June 6, 1995 through August 5, 1997?	No	Yes, whole period	Yes, part of period
a. Citizens Utility Board	1	2	3
b. Elected officials (except for District Attorneys)	1	2	3
c. Forest firefighters	1	2	3
d. Foreign Trade Offices in the Oregon Economic Development Department (now Oregon Economic and Community Development Department)	1	2	3
e. Oregon Resource Technology Fund	1	2	3
f. Oregon State Bar	1	2	3
g. Oregon State Lottery	1	2	3
h. Oregon Utility Notification Center	1	2	3
i. Oil Heat Commission	1	2	3
j. State Accident Insurance Fund (SAIF)	1	2	3
k. Travel Information Council	1	2	3

If you answered “Yes, the whole period” for one these agencies or jobs, you were sent these materials in error; you are not allowed to be a party to this lawsuit. Please complete Section D on page 36 and return the Questionnaire to OSRL.

If you answered “Yes, part of period” to an agency or job above, please exclude it in your answers in Sections B and C.

3. Most current and former “exempt” State employees are covered by this lawsuit. However, certain dates apply for employees in certain agencies. Please indicate whether you worked in the following State agencies during the dates specified below by circling 1 for “yes.” If you did not work in it at all, or did not work in it during the specified period, circle 2 for “no.”

Did you work in any of the following agencies during the times specified?	Yes	No
a. Oregon Health Sciences University (OHSU): June 6, 1995 through June 30, 1995.	1	2
b. Colleges and universities in the Oregon University System, and OUS itself (then called OSSHE), except OHSU: June 6, 1995 through July 16, 1995.	1	2
c. State Boards of Architect Examiners: ↘ Landscape Architects: →→ all June 6, 1995 Examiners for Engineering and Land Surveying: →→ through July 24, 1997 Geologists Examiners: ↗ Optometry: ↗	1	2
d. Oregon Film and Video Office: June 6, 1995 through September 8, 1995.	1	2
e. State Police Sergeants: October 10, 1996 through August 5, 1997	1	2



If you answered “Yes” to any on the list above, be sure that your answers in Sections B and C apply only to the time periods specified in items a-e.

4. Did you ever have a part-time work schedule (less than 40 hours per week) or a part-time job as a State employee during the period **June 6, 1995 through August 5, 1997?** (Two half-time State jobs would total one full-time position and so this answer would be “no.”)

1. Yes →

Note: It is very unlikely that you will be able to claim overtime for the periods you worked part-time, unless you had two half-time State positions. State employees can only be paid overtime for the hours over 40 that they actually worked in a week. Please do not attempt to claim overtime for a part-time job unless you (1) carefully read the definitions in Section E and (2) consult attorney John Hoag. If you also had a full-time State job during the period June 6, 1995 through August 5, 1997, please continue with Question 5.

2. No → Please go to Section B.



PART-TIME WORKERS ONLY:

5. In your part-time work June 1995 through August 1997, were you scheduled to work a certain number of hours each week, or did your scheduled work hours vary from week to week?

1. A certain number of hours each week → How many hours per week? _____ hours
2. Scheduled work hours varied week to week. → *In the box below, please describe your hours (or FTE) and how they varied, with dates as exact as possible.*

6. In a typical or normal workweek, how many days per week did you actually work?

_____ days per week

7. In a typical or normal workweek, how many hours per day did you actually work?

_____ hours per day

8. Did you ever have a “job share” in the period June 6, 1995 through August 5, 1997?

1. Yes
2. No



B. OVERTIME WORKED IN STATE JOBS JUNE 6, 1995 THROUGH AUGUST 5, 1997:

This section concerns work hours, workdays, and overtime hours you may have worked as a State employee June 6, 1995 - August 5, 1997.

- Please answer the following group of questions for each job for which you wish to claim overtime hours, starting with the first job (see green “Work History Record”).
- Please answer all questions about your first exempt state job for which you wish to claim overtime before going on to the second job.
- You may ignore jobs for which you do not expect to claim overtime hours.
- If you have questions concerning what counts as a job or what counts as overtime, please refer to Section E, page 37, “Definitions and Answers to Frequently Asked Questions.”

Please answer <u>all</u> questions for Job 1 on pages 5-9. Then answer all questions for Job 2, and then Job 3. For additional jobs, photocopy the pages, or request additional sheets from OSRL, and attach them.	JOB 1	JOB 2	JOB 3
1. What was your <u>job classification</u> ? Please print clearly. If you are unsure, see your position description.	Classification:	Classification:	Classification:
2. What was your <u>working job title</u> (if different from job classification)? Please print clearly.	Job Title:	Job Title:	Job Title:
3. In what month and year did you begin this job?	_____ month _____ year	_____ month _____ year	_____ month _____ year
4. Do you have any personal records or copies of agency records showing your <u>actual hours of work or overtime hours</u> for this job during this time period? Please circle the number that best matches your answer.	1. Yes → Please enclose photocopies of these records with your returned questionnaire. If you are unable to, please explain in the margins. 2. No ↓ 3. Not sure ↓	1. Yes → Please enclose photocopies of these records with your returned questionnaire. If you are unable to, please explain in the margins 2. No ↓ 3. Not sure ↓	1. Yes → Please enclose photocopies of these records with your returned questionnaire. If you are unable to, please explain in the margins 2. No ↓ 3. Not sure ↓
	Please continue answering questions for Job 1 on pp.5-9 before going to Job 2	Please continue answering questions for Job 2 on pp.5-9 before going to Job 3.	

	JOB 1	JOB 2	JOB 3
<p>5. Does the agency or place where you worked have any records showing your <u>actual</u> hours of work during the time period? Please do not count agency records that show you worked 8 hours per day when your actual hours of work were different.</p> <p><i>NOTE: If you are wondering "Can I get records from the State to help me fill out the "Overtime Hours Questionnaire?" see page 37.</i></p>	<p>1. Yes 2. No → Skip to Question 7 3. Don't know → Skip to Question 7</p>	<p>1. Yes 2. No → Skip to Question 7 3. Don't know → Skip to Question 7</p>	<p>1. Yes 2. No → Skip to Question 7 3. Don't know → Skip to Question 7</p>
<p>6. Do you know where these records are located?</p>	<p>1. Yes → Where? _____ 2. No</p>	<p>1. Yes → Where? _____ 2. No</p>	<p>1. Yes → Where? _____ 2. No</p>
<p>7. Did you <u>ever</u> work <u>more than</u> 40 hours in a workweek in this job?</p>	<p>1. Yes 2. No → Please skip to Job 2 3. Not sure</p>	<p>1. Yes 2. No → Please skip to Job 3 3. Not sure</p>	<p>1. Yes 2. No → Skip to Section C 3. Not sure</p>
<p>The next questions ask about your hours and days of work in an average or typical week on the job June 6, 1995 - August 5, 1997. Please exclude any vacations, sick leave, or other paid leave time when answering these questions, unless specifically instructed otherwise.</p>			
<p>8. Did you typically or normally work five 8-hour days, four 10-hour days, or something else?</p>	<p>1. Five 8-hour days → Skip to Question 9 2. Four 10-hour days → Skip to Question 9 3. Something else ↓</p>	<p>1. Five 8-hour days → Skip to Question 9 2. Four 10-hour days → Skip to Question 9 3. Something else ↓</p>	<p>1. Five 8-hour days → Skip to Question 9 2. Four 10-hour days → Skip to Question 9 3. Something else ↓</p>
	<p>_____ days / week _____ hours / day</p>	<p>_____ days / week _____ hours / day</p>	<p>_____ days / week _____ hours / day</p>
<p>9. Did you have a fixed or recurring daily start time or end time on that job? If "yes," what were those start and end times?</p>	<p>1. Yes Start time _____ AM/PM End time _____ AM/PM 2. No</p>	<p>1. Yes Start time _____ AM/PM End time _____ AM/PM 2. No</p>	<p>1. Yes Start time _____ AM/PM End time _____ AM/PM 2. No</p>

	JOB 1	JOB 2	JOB 3
10. How often did you <u>arrive to work earlier</u> than the start time in Question 9?	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always
11. How often did you <u>arrive to work later</u> than the start time in Question 9?	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always
12. How often did you <u>leave work earlier</u> than the end time in Question 9?	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always
13. How often did you <u>leave work later</u> than the end time in Question 9?	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always
If you answered all questions 10, 11, 12, and 13 “never,” please skip to the comment above Question 17.			
14. How often did you adjust your work hours for arriving or leaving early or late, including longer or shorter lunch breaks?	1. Never → <i>Skip to Question 16</i> 2. Sometimes 3. Often 4. Always	1. Never → <i>Skip to Question 16</i> 2. Sometimes 3. Often 4. Always	1. Never → <i>Skip to Question 16</i> 2. Sometimes 3. Often 4. Always
15. When did you typically adjust your work hours (for arriving or leaving work early or late)?	1. On the same day 2. In the same week 3. In a different week	1. On the same day 2. In the same week 3. In a different week	1. On the same day 2. In the same week 3. In a different week
16. How often did you record leaving work early or arriving late as “leave time” (sick leave, vacation, personal business, etc.)?	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always	1. Never 2. Sometimes 3. Often 4. Always

Next, please think about times you may have worked nights, weekends, holidays, or other “off hours” for this job in the period June 6, 1995 through August 5, 1997, in any location, excluding telecommuting.	JOB 1	JOB 2	JOB 3
17. How often did you work nights, weekends, holidays, or other “off hours” for this job, in any location during this time period?	<ol style="list-style-type: none"> 1. Never 2. Sometimes 3. Often 4. Always 	<ol style="list-style-type: none"> 1. Never 2. Sometimes 3. Often 4. Always 	<ol style="list-style-type: none"> 1. Never 2. Sometimes 3. Often 4. Always
18. How often would you estimate that you worked more than 40 hours per week during June 6, 1995 through August 5, 1997? Please circle only one answer (1-8) for each job.	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i> 	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i> 	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i>
19. How often would you estimate that you worked less than 40 hours per week during June 6, 1995 through August 5, 1997, excluding those weeks of vacation, holidays, or other paid leave? Please circle only one answer (1-8) for each job.	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i> 	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i> 	<ol style="list-style-type: none"> 1. Every week <u>including</u> vacations & holidays 2. Every week <u>except</u> vacations & holidays 3. Almost every week 4. Usually 3-4 weeks per month 5. Usually 1-2 weeks per month 6. Less than 1 week/month 7. Never 8. Other → <i>please specify in blank at left with Job #.</i>

	JOB 1	JOB 2	JOB 3
<p>20. If you worked more than 40 hours in a week, what kinds of overtime compensation did you receive? <i>You may CIRCLE MORE THAN ONE answer if you received more than one kind of compensation.</i></p>	<ol style="list-style-type: none"> 1. Pay for overtime at the straight time rate 2. Bonus pay for overtime only, not performance 3. Flexible time off, of any type, either approved by a supervisor or informal 'professional work week' 4. 'Comp. time,' the ability to accrue and use compensatory time off 5. None 6. Other → <i>Please specify in blank at left with Job #</i> 	<ol style="list-style-type: none"> 1. Pay for overtime at the straight time rate 2. Bonus pay for overtime only, not performance 3. Flexible time off, of any type, either approved by a supervisor or informal 'professional work week' 4. 'Comp. time,' the ability to accrue and use compensatory time off 5. None 6. Other → <i>Please specify in blank at left with Job #</i> 	<ol style="list-style-type: none"> 1. Pay for overtime at the straight time rate 2. Bonus pay for overtime only, not performance 3. Flexible time off, of any type, either approved by a supervisor or informal 'professional work week' 4. 'Comp. time,' the ability to accrue and use compensatory time off 5. None 6. Other → <i>Please specify in blank at left with Job #.</i>
<p>21. Who was your immediate supervisor when you worked overtime and for what time period (from when to when)?</p>	<p>_____</p> <p>(SUPERVISOR)</p> <p>FROM DATE: _____</p> <p>TO DATE: _____</p>	<p>_____</p> <p>(SUPERVISOR)</p> <p>FROM DATE: _____</p> <p>TO DATE: _____</p>	<p>_____</p> <p>(SUPERVISOR)</p> <p>FROM DATE: _____</p> <p>TO DATE: _____</p>
<p>22. Is there anyone you believe would be able to verify all or some of the overtime hours you worked June 6, 1995 through August 5, 1997? If "yes," please provide contact information for three persons here and on page 9. You may write the names of additional persons in the margins or on additional sheets stapled to the Questionnaire.</p>	<ol style="list-style-type: none"> 1. Yes → <i>Specify below</i> 2. No → <i>Skip to Section C</i> 3. Don't know → <i>Skip to Section C</i> <p>1. _____</p> <p>(NAME)</p> <p>_____</p> <p>(RELATION)</p> <p>_____</p> <p>(DAYTIME PHONE NUMBER)</p> <p>_____</p> <p>(EVENING PHONE NUMBER)</p> <p><i>(continued on p. 9)</i></p>	<ol style="list-style-type: none"> 1. Yes → <i>Specify below</i> 2. No → <i>Skip to Section C</i> 3. Don't know → <i>Skip to Section C</i> <p>1. _____</p> <p>(NAME)</p> <p>_____</p> <p>(RELATION)</p> <p>_____</p> <p>(DAYTIME PHONE NUMBER)</p> <p>_____</p> <p>(EVENING PHONE NUMBER)</p> <p><i>(continued on p. 9)</i></p>	<ol style="list-style-type: none"> 1. Yes → <i>Specify below</i> 2. No → <i>Skip to Section C</i> 3. Don't know → <i>Skip to Section C</i> <p>1. _____</p> <p>(NAME)</p> <p>_____</p> <p>(RELATION)</p> <p>_____</p> <p>(DAYTIME PHONE NUMBER)</p> <p>_____</p> <p>(EVENING PHONE NUMBER)</p> <p><i>(continued on p. 9)</i></p>

	JOB 1	JOB 2	JOB 3
22 (continued – contact information for persons who can verify your overtime hours worked).	2. _____ (NAME)	2. _____ (NAME)	2. _____ (NAME)
	_____	_____	_____
	(RELATION)	(RELATION)	(RELATION)
	_____	_____	_____
	(DAYTIME PHONE NUMBER)	(DAYTIME PHONE NUMBER)	(DAYTIME PHONE NUMBER)
	_____	_____	_____
	(EVENING PHONE NUMBER)	(EVENING PHONE NUMBER)	(EVENING PHONE NUMBER)
	3. _____ (NAME)	3. _____ (NAME)	3. _____ (NAME)
	_____	_____	_____
	(RELATION)	(RELATION)	(RELATION)
	_____	_____	_____
	(DAYTIME PHONE NUMBER)	(DAYTIME PHONE NUMBER)	(DAYTIME PHONE NUMBER)
_____	_____	_____	
(EVENING PHONE NUMBER)	(EVENING PHONE NUMBER)	(EVENING PHONE NUMBER)	

C. MONTHLY CALENDARS:

- Next are calendars for each month in the period June 6, 1995 - August 5, 1997. Please fill in the calendars following these directions carefully:
- You only need to complete the calendars for those weeks you worked less than 40 hours and more than 40 hours. Leave blank any weeks you worked exactly 40 hours. Of course, also leave blank any weeks you were not employed by the State or were not employed in an exempt position.
 - Use your green “Work History Record” and any documents or records of your actual hours worked to assist you in filling out the weekly data as accurately as possible.
 - Fill in the calendar with the number of hours you worked each day. If you have no daily records, or if your daily records are incomplete, make your best daily estimates. If you are unable to make daily estimates, estimate your weekly hours and then divide those hours among days you worked each week in a way that best approximates your actual daily work hours. All estimates must be accurate to the best of your ability.
 - Fill in the boxes with your 1) total actual hours worked each week, 2) number of hours worked over 40 each week, and 3) an explanatory note or comment. In the column labeled 2), check the box to indicate whether your overtime hours each week come from records or show your best estimate.
 - Paid leave time counts toward your 40-hour workweek (such as 8-hour holidays, personal business, sick leave, etc.). For example, in Thanksgiving week you need not report 32 hours actual work plus 8 hours holiday as a case in which you worked less than 40 hours.
 - Most people will not have overtime hours in weeks with holidays or in months with significant vacation, sick, or other types of leave.

JUNE 6, 1995 – JULY 2, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
	6/ _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ <i>Regular legislative session ends</i> _____ hours	11/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
12/ _____ hours	13/ _____ hours	14/ _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
19/ _____ hours	20/ _____ hours	21/ _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
26/ _____ hours	27/ _____ hours	28/ _____ hours	29/ _____ hours	30/ _____ hours	1/ _____ hours	2/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JULY 3, 1995 - AUGUST 6, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
3/ _____ hours	4/ <i>Independence Day</i> _____ hours	5/ _____ hours	6/ _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
10/ _____ hours	11/ _____ hours	12/ _____ hours	13/ _____ hours	14/ _____ hours	15/ _____ hours	16/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	21/ _____ hours	22/ _____ hours	23/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
24/ _____ hours	25/ _____ hours	26/ _____ hours	27/ _____ hours	28/ <i>Special legislative session begins</i> _____ hours	29/ _____ hours	30/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
31/ _____ hours	1/ _____ hours	2/ <i>Special legislative session ends</i> _____ hours	3/ _____ hours	4/ _____ hours	5/ _____ hours	6/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

AUGUST 7, 1995 – SEPTEMBER 3, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
7/ hours	8/ hours	9/ hours	10/ hours	11/ hours	12/ hours	13/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
14/ hours	15/ hours	16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
21/ hours	22/ hours	23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
28/ hours	29/ hours	30/ hours	31/ hours	1/ hours	2/ hours	3/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

SEPTEMBER 4, 1995 – OCTOBER 1, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT (Below please indicate the reason for your overtime hours or for your hours less than 40 per week)
4/ <i>Labor Day</i> _____ hours	5/ _____ hours	6/ _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
11/ _____ hours	12/ _____ hours	13/ _____ hours	14/ _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
18/ _____ hours	19/ _____ hours	20/ _____ hours	21/ _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
25/ <i>Rosh Hashanah</i> _____ hours	26/ _____ hours	27/ _____ hours	28/ _____ hours	29/ _____ hours	30/ _____ hours	1/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

OCTOBER 2, 1995 – NOVEMBER 5, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
2/ hours	3/ hours	4/ <i>Yom Kippur</i> hours	5/ hours	6/ hours	7/ hours	8/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
9/ <i>Columbus Day</i> hours	10/ hours	11/ hours	12/ hours	13/ hours	14/ hours	15/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	29/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
30/ hours	31/ <i>Halloween</i> hours	1/ hours	2/ hours	3/ hours	4/ hours	5/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

NOVEMBER 6, 1995 – DECEMBER 3, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT (Below please indicate the reason for your overtime hours or for your hours less than 40 per week)
6/ _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
13/ <i>Veteran's Day</i> _____ hours	14/ _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
20/ _____ hours	21/ _____ hours	22/ _____ hours	23/ <i>Thanksgiving</i> _____ hours	24/ _____ hours	25/ _____ hours	26/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
27/ _____ hours	28/ _____ hours	29/ _____ hours	30/ _____ hours	1/ _____ hours	2/ _____ hours	3/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

DECEMBER 4, 1995 – DECEMBER 31, 1995

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
4/ hours	5/ <i>Special US Senate primary</i> hours	6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
11/ hours	12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	17/ <i>Chanukah begins</i> hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	24/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
25/ <i>Christmas; Chanukah ends</i> hours	26/ hours	27/ hours	28/ hours	29/ hours	30/ hours	31/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JANUARY 1, 1996 – FEBRUARY 4, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
1/ <i>New Year's Day</i> _____ hours	2/ _____ hours	3/ _____ hours	4/ _____ hours	5/ _____ hours	6/ _____ hours	7/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	13/ _____ hours	14/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
15/ <i>Martin Luther King Day</i> _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	21/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	26/ <i>Oregon floods</i> _____ hours	27/ _____ hours	28/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
29/ <i>Floods continue</i> _____ hours	30/ <i>Special US Senate general election</i> _____ hours	31/ _____ hours	1/ <i>Special legislative session</i> _____ hours	2/ <i>Special legislative session</i> _____ hours	3/ _____ hours	4/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

FEBRUARY 5, 1996 – MARCH 3, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
5/ <i>Floods continue</i> _____ hours	6/ _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
12/ <i>Floods continue</i> _____ hours	13/ _____ hours	14/ <i>Valentine's Day</i> _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
19/ <i>Floods continue; President's Day</i> _____ hours	20/ _____ hours	21/ <i>Floods end</i> → _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
26/ _____ hours	27/ _____ hours	28/ _____ hours	29/ _____ hours	1/ _____ hours	2/ _____ hours	3/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

MARCH 4, 1996 – MARCH 31, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
4/ hours	5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
11/ hours	12/ <i>Presidential primary election</i> hours	13/ hours	14/ hours	15/ hours	16/ hours	17/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	24/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
25/ hours	26/ hours	27/ hours	28/ hours	29/ hours	30/ hours	31/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

APRIL 1, 1996 – MAY 5, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
1/ hours	2/ <i>Special Congressional primary election</i> hours	3/ hours	4/ <i>Passover begins</i> hours	5/ hours	6/ hours	7/ <i>Easter</i> hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
8/ hours	9/ hours	10/ hours	11/ <i>Pass-over ends</i> hours	12/ hours	13/ hours	14/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
15/ hours	16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
22/ hours	23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
29/ hours	30/ hours	1/ hours	2/ hours	3/ hours	4/ hours	5 hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

MAY 6, 1996 – JUNE 2, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	11/ hours	12/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
13/ hours	14/ hours	15/ hours	16/ hours	17/ hours	18/ hours	19/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
20/ hours	21/ <i>Biennial primary election</i> hours	22/ hours	23/ hours	24/ hours	25/ hours	26/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
27/ <i>Memorial Day</i> hours	28/ hours	29/ hours	30/ hours	31/ hours	1/ hours	2/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JUNE 3, 1996 –JUNE 30, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
3/ hours	4/ hours	5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
10/ hours	11/ hours	12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	29/ hours	30/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JULY 1, 1996 –AUGUST 4, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
1/ hours	2/ hours	3/ hours	4/ <i>Independence Day</i> hours	5/ hours	6/ hours	7/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
8/ hours	9/ hours	10/ hours	11/ hours	12/ hours	13/ hours	14/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
15/ hours	16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
22/ hours	23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
29/ hours	30/ hours	31/ hours	1/ hours	2/ hours	3/ hours	4/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

AUGUST 5, 1996 – SEPTEMBER 1, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	11/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	17/ hours	18/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	24/ hours	25/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
26/ hours	27/ hours	28/ hours	29/ hours	30/ hours	31/ hours	1/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

SEPTEMBER 2, 1996 – OCTOBER 6, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
2/ <i>Labor Day</i> _____ hours	3/ _____ hours	4/ _____ hours	5/ _____ hours	6/ _____ hours	7/ _____ hours	8/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	13/ _____ hours	14/ _____ hours	15/ <i>Rosh Hashanah</i> _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	21/ _____ hours	22/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
23/ <i>Yom Kippur</i> _____ hours	24/ _____ hours	25/ _____ hours	26/ _____ hours	27/ _____ hours	28/ _____ hours	29/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
30/ _____ hours	1/ _____ hours	2/ _____ hours	3/ _____ hours	4/ _____ hours	5/ _____ hours	6/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

OCTOBER 7, 1996 – NOVEMBER 3, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	13/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
14/ <i>Colum- bus Day</i> _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
21/ _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	26/ _____ hours	27/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
28/ _____ hours	29/ _____ hours	30/ _____ hours	31/ <i>Halloween</i> _____ hours	1/ _____ hours	2/ _____ hours	3/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

NOVEMBER 4, 1996 – DECEMBER 1, 1996

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
4/ hours	5/ <i>General election</i> hours	6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
11/ <i>Veteran's Day</i> hours	12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	17 <i>Oregon floods</i> hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
18/ <i>Floods continue</i> hours	19/ hours	20/ hours	21/ <i>Thanksgiving</i> hours	22/ hours	23/ hours	24/ → hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
25/ <i>Floods continue</i> hours	26/ hours	27/ hours	28/ hours	29/ hours	30/ hours	1/ → hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

DECEMBER 2, 1996 – JANUARY 5, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
2/ <i>Floods continue</i> _____ hours	3/ _____ hours	4/ _____ hours	5/ <i>Chanukah begins</i> _____ hours	6/ _____ hours	7/ _____ hours	8/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
9/ <i>Floods continue</i> _____ hours	10/ → _____ hours	11/ <i>Floods end</i> _____ hours	12/ _____ hours	13/ <i>End of Chanukah</i> _____ hours	14/ _____ hours	15/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	21/ _____ hours	22/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
23/ _____ hours	24/ _____ hours	25/ <i>Christmas; winter storms, mudslides, and floods</i> _____ hours	26/ _____ hours	27/ _____ hours	28/ _____ hours	29/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
30/ <i>Storms, mudslides, and floods continue</i> _____ hours	31/ _____ hours	1/ <i>New Year's Day</i> _____ hours	2/ _____ hours	3/ _____ hours	4/ _____ hours	5/ → _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JANUARY 6, 1997 – FEBRUARY 2, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
6/ <i>Storms, slides and floods end</i> _____ hours	7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
13/ <i>Regular Legislative session begins</i> _____ hours	14/ _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
20/ <i>Martin Luther King Day</i> _____ hours	21/ _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	26/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
27/ _____ hours	28/ _____ hours	29/ _____ hours	30/ _____ hours	31/ _____ hours	1/ _____ hours	2/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

FEBRUARY 3, 1997 – MARCH 2, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
3/ hours	4/ hours	5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
10/ hours	11/ hours	12/ hours	13/ hours	14/ <i>Valentine's Day</i> hours	15/ hours	16/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
17/ <i>Presidents' Day</i> hours	18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	1/ hours	2/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

MARCH 3, 1997 – APRIL 6, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
3/ hours	4/ hours	5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
10/ hours	11/ hours	12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	23/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	29/ hours	30/ <i>Easter</i> hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
31/ hours	1/ hours	2/ hours	3/ hours	4/ hours	5/ hours	6/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

APRIL 7, 1997 – MAY 4, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
7/ hours	8/ hours	9/ hours	10/ hours	11/ hours	12/ hours	13/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
14/ hours	15/ hours	16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
21/ hours	22/ <i>Pass-over begins</i> hours	23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
28/ hours	29/ <i>Pass-over ends</i> hours	30/ hours	1/ hours	2/ hours	3/ hours	4/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

MAY 5, 1997 – JUNE 1, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
5/ hours	6/ hours	7/ hours	8/ hours	9/ hours	10/ hours	11/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
12/ hours	13/ hours	14/ hours	15/ hours	16/ hours	17/ hours	18/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
19/ hours	20/ <i>Special election</i> hours	21/ hours	22/ hours	23/ hours	24/ hours	25/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
26/ <i>Memorial Day</i> hours	27/ hours	28/ hours	29/ hours	30/ hours	31/ hours	1/ hours	 total hours	 hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JUNE 2, 1997 – JULY 6, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
2/ hours	3/ hours	4/ hours	5/ hours	6/ hours	7/ hours	8/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
9/ hours	10/ hours	11/ hours	12/ hours	13/ hours	14/ hours	15/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
16/ hours	17/ hours	18/ hours	19/ hours	20/ hours	21/ hours	22/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
23/ hours	24/ hours	25/ hours	26/ hours	27/ hours	28/ hours	29/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
30/ hours	1/ hours	2/ hours	3/ hours	4/ <i>Independence Day</i>	5/ <i>Regular legislative session ends</i>	6/ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

JULY 7, 1997 – AUGUST 5, 1997

MON	TUE	WED	THUR	FRI	SAT	SUN	1. TOTAL ACTUAL HOURS WORKED EACH WEEK	2. NUMBER HOURS WORKED OVER 40 HOURS	3. EXPLANATION, NOTE, COMMENT <i>(Below please indicate the reason for your overtime hours or for your hours less than 40 per week)</i>
7/ _____ hours	8/ _____ hours	9/ _____ hours	10/ _____ hours	11/ _____ hours	12/ _____ hours	13/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
14/ _____ hours	15/ _____ hours	16/ _____ hours	17/ _____ hours	18/ _____ hours	19/ _____ hours	20/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
21/ _____ hours	22/ _____ hours	23/ _____ hours	24/ _____ hours	25/ _____ hours	26/ _____ hours	27/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
28/ _____ hours	29/ _____ hours	30/ _____ hours	31/ _____ hours	1/ _____ hours	2/ _____ hours	3/ _____ hours	_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time
4/ _____ hours	5/ _____ hours						_____ total hours	_____ hours overtime from 1 <input type="checkbox"/> records 2 <input type="checkbox"/> best estimate	1 <input type="checkbox"/> Normal work 2 <input type="checkbox"/> Special project _____ 3 <input type="checkbox"/> Travel to _____ 4 <input type="checkbox"/> Unusual event _____ 5 <input type="checkbox"/> Legislative session 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Used Comp or Flex time

1. For each hour of overtime worked, you may receive a cash award or one and one-half (1½) hours of compensatory time off (“comp time”), if you and the State agree. Do you want to receive all or part of your award in the form of “comp time?”

1. Yes → What percentage of your award would you like to receive in the form of “comp time” (1%-100%)? _____%
2. No

D. BACKGROUND INFORMATION

This information is needed to allow accurate and timely processing of your claim. Remember: All personal information you provide will be kept strictly confidential by court order, although any overtime payment you may receive will be a public record.

1. Your name:

LAST NAME

FIRST NAME MIDDLE NAME

Check here if you had a different name at any time June 6, 1995 through August 5, 1997 and note above what it was.

2. Home telephone number: (_____) _____

AREA CODE NUMBER

3. Daytime telephone number: (_____) _____

AREA CODE NUMBER

4. Personal or state email address: _____

5. Your sworn statement and signature:

I believe that the information I have provided above is accurate to the best of my knowledge and is consistent with any records I may have been able to access.

EMPLOYEE SIGNATURE DATE

Thank you. Please keep a copy of this Questionnaire for your records. Return it in the enclosed OSRL-addressed envelope with copies of any supporting documents. Be sure to weigh the envelope and use adequate postage, or it may not arrive by the deadline.

E. DEFINITIONS AND ANSWERS TO FREQUENTLY ASKED QUESTIONS

This section answers certain detailed questions that emerged during testing of the “Overtime Hours Questionnaire,” such as “What does overtime really mean?” and “What counts as hours worked?” If your particular question is not answered below, please contact the plaintiffs’ attorney, John Hoag, or your own attorney.

DEFINITIONS

- Hours worked include all time actually spent working, either at the employer’s request or that the employer knows or has reason to know about.
- Hours worked do not include use of accrued leave time, such as sick leave, vacation leave, holiday leave, compensatory time, or other types of paid leave.
- A workweek is defined as Monday morning (12:01 a.m.) through Sunday midnight for this questionnaire, no matter what your usual work schedule was.
- Overtime is defined as hours worked in excess of 40 in a workweek. Note: In any workweek that included a paid holiday or any type of paid leave (sick, vacation, etc.), you are less likely to have accrued overtime (more than 40 hours worked).

ANSWERS TO FREQUENTLY ASKED QUESTIONS

What kind of proof do I need for my overtime claim?

- Your claim for overtime hours needs to be as accurate as is possible. It can be made on the basis of work records, personal records, memory, credible best estimates if no records exist, or a combination of these bases.
- A claim must provide a sufficient basis for a reasonable determination of the number of overtime hours actually worked.
- You will be required to sign the “Overtime Claim Report and Affidavit” swearing that the number of overtime hours you claim is accurate, to the best of your knowledge.

Can I get records from the State to help me fill out the Overtime Hours Questionnaire?

- Most state agencies will not have detailed personnel records showing the hours you actually worked during the relevant time period.
- If you think your agency might have records that will help you complete this Questionnaire more accurately, you may obtain copies of those records from the State. Visit the website at <http://risk.das.state.or.us/othome.htm> or call (503) 373-1418 for further instructions.

How is any "comp time" treated?

- Some agencies gave employees a form of paid "comp time" or time off in recognition of extra hours worked, which could be taken off work at a later date. This "comp time" may have been given following a collective bargaining agreement or agency policy. For purposes of this case, time off work that is taken as "comp time" does not count as hours worked.
- If you received "comp time," you should note the number of “comp time” hours in the week that you took the “comp time” off work on the calendar attached to the questionnaire, so that the state receives appropriate credit for any "comp time" you received.
- If you received a cash payment in lieu of “comp time,” you should note the amount and when paid on the calendar attached to the questionnaire, so that the state receives appropriate credit for any payment you received.

How are meal breaks counted?

- Uninterrupted meal breaks are excluded from hours worked.
- Eating lunch at a desk while working counts as hours worked.
- But even a less than a 30-minute lunch is excluded from hours worked, if such a lunch break was uninterrupted
- Those parts of working lunches with clients or co-workers during which business was conducted count as hours worked. Those parts of lunches with clients or co-workers during which business was not conducted should be excluded from hours worked. Thus, if you conducted work for 15 minutes during a 60-minute lunch, you may count only the 15 minutes as hours worked.
- Lunch periods spent at one's desk making personal telephone calls, conducting personal e-mail, or other non-work activities do not count as hours worked.

How are short rest periods counted?

- Rest periods (i.e., coffee breaks) of short duration (i.e., 5 to 15 minutes up to twice per day) are counted as hours worked.
- Employees who take no breaks at all or short breaks may not count them as extra hours worked; i.e., skipping two 15-minute breaks each day does not add up to an extra 30 minutes of work per day.

What about hours spent at my jobsite before and after “regular” work hours?

- Any time spent working before or after regularly scheduled work hours at one's normal workplace counts as hours worked if your employer knows or has reason to know the work is being performed. It makes no difference whether such work was voluntary or involuntary.
- Time spent at one's desk before or after hours, or during regular work hours, making personal telephone calls, conducting personal e-mail, or other non-work activities does not count as hours worked.

How is travel time counted?

- Travel to and from an employee's normal workplace does not count as hours worked.
- Time spent traveling during regular working hours counts as hours worked except for (1) the time the employee spends traveling to and from home to the local point of departure (i.e., local railroad, bus depot, plane terminal); and (2) regular meal period time.
- In addition to time spent traveling during normal working hours, the following time also counts as hours worked during an overnight trip: (1) Time spent driving a car; (2) Time spent traveling during those hours that would be normal work hours if the day was a regular work day (e.g., time spent traveling 10:00 a.m. to noon on a Saturday); (3) Time spent actually working. In contrast, sleeping time, leisure time or sightseeing, or other time not spent working (e.g., as a passenger not working) while on an overnight trip does not count as hours worked.
- If no overnight travel is involved, but an employee must travel outside normal working hours, the time spent traveling counts as hours worked, provided that the employer can deduct from travel time the time usually spent by the employee in home-to-work/work-to-home travel.
- Travel time responding to a request to an emergency return to work at your normal work location does not count as hours worked.
- Travel time responding to an emergency request to return to work at a location other than your normal work location does count as hours worked.

How is on-call time treated?

- Being “on call,” does not constitute hours worked if you could use the time effectively for your own purposes; i.e., time spent carrying a pager, staying within a geographic area, and responding to pages or phone calls to return to work does not constitute hours worked.

What about working at home?

- Time spent working at home or “telecommuting” counts as hours worked, whether on weekends, weekdays, or evenings, provided your employer knew or had reason to know that you were performing this work.

Did I need my supervisor’s permission to work overtime?

- Employees need not have had permission from a supervisor to have their time spent working at irregular places count as hours worked, so long as your supervisor knew or had reason to know that you were performing this work. For example, if your supervisor knew you were working at home, working on a business trip, working in a bus, car, taxi, airplane or train, and working through lunches, these hours all count as hours worked, even if you did not have permission to do so.
- Some supervisors may have explicitly instructed employees not to work at home, through lunches or breaks, while traveling, or at a business trip destination, but employees worked anyway, out of a sense of duty, obligation, service, or altruism. If your supervisor knew or had reason to know that such time was worked, this time counts as hours worked.

What if I filled out a time sheet or a time card that indicated 8 hours worked in a day and I actually worked more or fewer hours?

- In some agencies, employees may have been specifically instructed to record 8 hours of work each day on their time cards or time sheets, even if they actually worked more or less. The “Overtime Hours Questionnaire” asks for your actual hours worked, no matter how they may have been recorded.
- In some other agencies, employees may have recorded their actual hours worked exactly. If you do not already have copies of any such exact hours worked records, you may request them from the agency where you worked. Agency heads are aware that employees may be making such requests for purposes of this claim resolution process.

How will my overtime pay be calculated?

- The court has ruled that a special computation method that generally applies to employees who are paid a fixed salary for working fluctuating hours applies in this case. Plaintiffs have appealed this ruling to the Oregon Court of Appeals.
- Under this special computation method, you already received payment at “straight time” for all hours you worked in a workweek when you received your salary. Your overtime pay is equal to one-half your “regular rate” of pay for all hours worked in excess of 40 hours per week. Your “regular rate” of pay is determined by (1) multiplying your monthly salary by 12 to arrive at your annual salary; (2) dividing your annual salary by 52 to arrive at your weekly salary; and (3) dividing your weekly salary by the number of hours you worked in that week.
- Note that your “regular rate” of pay under this method may be different from week to week, depending on the number of hours you worked each week. It is possible that your overtime pay might have to be re-calculated using a different method, depending on the outcome of plaintiffs’ appeal.

- Your overtime pay as calculated under the method approved by the court ultimately will become a final judgment that will be paid by the State. If plaintiffs are successful on their appeal and your overtime pay is re-calculated, you could receive a supplemental payment at a later date.

Can I receive my overtime in the form of “comp time” instead of pay?

- If you are a current state employee, your overtime award may be provided in the form of compensatory time off (“comp time”) instead of cash only if you and your agency agree to a “comp time” award.
- On page 36, the “Overtime Hours Questionnaire” asks whether you want all or part of your award in the form of “comp time” and, if so, the percentage you want to receive in the form of comp time (1% to 100%).
- If you ask to receive any portion of your award in the form of comp time, your agency will decide whether it will agree to your request and inform you of its decision through your attorney. If the agency does not agree to your request to receive comp time, your award will be a cash payment.