TIME ANALYSIS FORM

EMPLOYEE STATEMENT

1. Name Of Employee			2. SSN	3. OWCP File Number
Last	First	MI		

4. Period covered by this form

From _____/_____/_____ To _____/_____/_____

5. Total Hours Claimed

For LWOP _____

For leave buyback _____

6. In "Type Leave" column use codes "S" = sick, "A" = annual, "O" = other. If compensation is claimed for date, indicate "Yes in "COMP CLAIMED" column.

Date (s)	COMP CLAIMED?	NUMBER OF HOURS				Type Leave	REASON FOR LEAVE USE / REMARKS (e.g.: doctor visit; therapy)
		LWOP	Worked	Hol	Leave		
TOTALS							

_____ _____

Signature of Claimant **Date Signed**

FOR AGENCY USE ONLY

AGENCY STATEMENT/CERTIFICATION: I certify the above is accurate, except as follows:

_____ _____

Signature of Agency Official Date Signed