



JCF Workforce Management Solution Weekly Timesheets Certificate

Portfolio: _____

Area /
Branch: _____

Geographic
Formation: _____

Non-Geographic
Formation: _____

From: _____

To: _____

Please Note: Submitted timesheets will only be processed if accompanied by a properly completed and physically signed Weekly Timesheet Certificate. (Text signatures will not be accepted.)

Duty Sub-Officer's Endorsement

I hereby **certify** that the foregoing **Weekly Timesheet(s)** represents the actual hours worked by the members named therein, as represented by the reference source used and for the period stated.

Name, Rank & Reg#

Signature

yyyy / mm / dd

Verifying Officer's Endorsement

I hereby **verify** that the hours represented on the foregoing **Weekly Timesheet(s)** are the actual hours worked by the members named therein, as represented by the reference source used and for the period stated.

Name, Rank & Reg#

Signature

yyyy / mm / dd

Approving Officer's Endorsement

I hereby **affirm** that I have examined and approve the forgoing **Weekly Timesheet(s)** that represents the actual hours worked by the members named therein, as represented by the reference source used and for the period stated.

Name & Rank

Signature

yyyy / mm / dd