



SAD Individual Daily Attendance Register

SAD Payroll Dates: _____ to _____

SAD Mission

SAD Unit of Assignment

Print Name (Last Name, First, MI)

Rank / Title

DATE	SIGNATURE	PA	M	N	IP	LV	DL	COMMENTS If DL is checked write location
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								

NOTE: It is a violation of NYS Military Law to receive SAD and Federal Pay simultaneously. Substitution of this form is not permissible.

I certify that the information above is an accurate reflection based on the duty assignment I am assigned to, and that my work / pass day ratio is IAW the DMNA SAD Payroll Bulletin, Table 1:

DATE: _____ SIGNATURE _____

CERTIFYING OFFICIAL

Certified By (Print Name / Rank or Title)

Signature

Date

Legend: PA = Pass Day, M = Military Obligation, N = No Duty Status, IP = Incapacitation Pay, LV = Personal Day, DL= Different Location