

ATTENDANCE REPORT

Name: _____

Month: _____

SSN: xxx-xx-
(last 4 digits only)

- | | |
|--|--|
| <p>X Work Day</p> <p>S Sick Leave</p> <p>B Bereavement (include relationship)</p> <p>V Vacation / Non-Duty Day</p> <p>PL Personal Leave (Deduct)</p> <p>PN Personal Necessity deducted from Sick Leave</p> <p>PU Personal Urgent deducted from Sick Leave</p> | <p>I Industrial Leave</p> <p>A Approved Professional Activities</p> <p>M Military</p> <p>JD Jury Duty</p> <p>H Holiday</p> <p>-- Saturday/Sunday</p> |
|--|--|

PROVIDE AN ENTRY FOR EACH DATE.

DAY OF MONTH		DAY OF MONTH		DAY OF MONTH		DAY OF MONTH	
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

(Employee's Signature) (Date)

TOTAL Days Worked _____

(Supervisor's Signature) (Date)

