Attendance Record

Daily Attendance Record

Name:	Department:	Number:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Leave Type Utilized													
																																A	B	C	D	E	F	G	H	I	J	K	L	M	Total
January																																													
February																																													
March																																													
April																																													
May																																													
June																																													
July																																													
August																																													
September																																													
October																																													
November																																													
December																																													
																																												Yearly Totals	

Absence Codes:
A – Accident at work. B- Family Illness. C-Leave of absence. D- Accident at home. E-Holiday. F- Lay off
G- Disciplinary layoff. H- Illness. I- Personal Reasons. J- Death in the family. K- Jury duty. L-Vacation
M – Unknown cause.

Notes/Comments:

Starting date: ________________________

Termination date: _____________________

Ref code: ____________________________

Name & Signature of approver: