Name _____   Department _____

       Last   First   Initial

Social Security # _____   Date of Hire _____

RECORD OF ATTENDANCE

	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	SUMMARY												
																																A	AO	DF	H	L	LA	LE	SF	SS	V	X	O
JAN.																																											
FEB.																																											
MAR.																																											
APR.																																											
MAY																																											
JUN.																																											
JUL.																																											
AUG.																																											
SEP.																																											
OCT.																																											
NOV.																																											
DEC.																																											

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A	–	ACCIDENT ON DUTY		L	–	LATE	SS	–	SICKNESS—SELF
AO	–	ACCIDENT OFF DUTY	LA	–	LEAVE OF ABSENCE		V	–	VACATION
DF	–	DEATH IN FAMILY		LE	–	LEFT EARLY	X	–	UNEXCUSED ABSENCE
H	–	HOLIDAY		SF	–	SICKNESS IN FAMILY	O	–	OTHER (Explain on reverse side)

ANNUAL TOTALS

Last Name	First Name	Initial	DATE OF HIRE