Employee Last Name	First Name	Initial

Employee Number	Employment Date	
Department	**Paid Vacation Days Allowed**	
	Paid Other Days Allowed	

H Holiday
V Vacation
I Illness
D Family Death
A Accident On Job
J Jury Duty
L Leave without pay
P Personal Time
S Suspension
U Unexcused
F Family Leave
_ _____
_ _____
_ _____

Attendance History 20__

SUMMARY

	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	H	V	I	D	A	J	L	P	S	U	F
Jan																																										
Feb																																										
Mar																																										
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