

Attendance Manager

EMPLOYEE DATA:	Employee ID: _____	Social Security Number: _____
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Employee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Commenced Employment (Month/Day/Year): _____

Supervisor 1: _____ Supervisor 2: _____

In Case of Emergency, Notify: _____

Telephone: () _____ Relationship: _____

YEAR 20____

	January	February	March	April	May	June	July	August	September	October	November	December
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1												
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30												
31												
# of Days Out												
Cumulative Total												

ACTION CODES
A. Accident On/Off Job
B. Bereavement Leave
D. Disciplined
E. Excused Absence
F. Family/Medical Leave
I. Illness - Self
J. Jury Duty
L. Leave of Absence
M. Medical Appointment
N. Military
O. Time Off in Lieu of Compensation for Overtime
P. Personal Day
R. Religious Observance
S. Suspension
T. Tardy
U. Unexcused
V. Vacation
W. Weather
X. Legal Holiday
Z. Layoff
/ = Indicates 1/2 Day Absences

Employee Name:	Employee ID:	Year:
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Communications, Awards, Discipline:

Quarterly Absence Summary:

ACTION CODE	1/4	2/4	3/4	4/4	YEAR TOTAL

Supervisor Comments:

Sick Time Entitlement	=	Vacation Time Entitlement	=
Plus Sick Time Carryover	+	Plus Vacation Carryover	+
Total Sick Time Days Due	=	Total Vacation Days Due	=

Month	Start	Used	Remaining	Month	Start	Used	Remaining
January				January			
February				February			
March				March			
April				April			
May				May			
June				June			
July				July			
August				August			
September				September			
October				October			
November				November			
December				December			