# EMPLOYEE ATTENDANCE RECORD

**Year:**

**Name:** _______________________   **Personnel No.:** ________________   **Department:** __________________ **Position #:** __________

**Date of Hire:** __________   **Supervisor:** ____________________

<table>
<thead>
<tr>
<th>Vacation Entitlement</th>
<th>Plus Vacation Carryover</th>
<th>Total Vacation Days Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

## MONTHLY SUMMARY

<table>
<thead>
<tr>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>B</td>
<td>F</td>
<td>V</td>
<td>M</td>
<td>O</td>
<td>X</td>
<td>W</td>
<td>L</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| S | B | F | V | M | O | X | W | L |

**Codes:**
- S - Sickness/ Accident
- V - Vacation
- X - Indicates leave without pay
- F - Family/Floating Leave
- B - Bereavement Leave
- M - Maternity/Paternity Leave
- O - Time off in lieu of compensation for overtime
- W - Workers’ Compensation
- L - Long Term Disability
- / - Indicates ½ day absences

**Remarks:** Absences only need be recorded by entering the appropriate code.
Overtime may be recorded separately or on the back of this form by entering the number of excess hours.

**Signature of Immediate Supervisor:** ____________________________   **Date:** ____________________________

**YEARLY TOTAL**