

Employee Attendance Record

Employee _____	
I.D. #: _____	Social Security #: _____
Department: _____	Date Hired: _____
20____	Vacation Due: _____
Sick Leave Due: _____	Date: _____

For The Month Of: _____

Date	Day	Present	Vacation	Sick
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Date	Day	Present	Vacation	Sick
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Employee Signature _____

Date _____

Manager Signature _____

Date _____