

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		Date	Day	Present	Vacation	Sick
1						16				
2						17				
3						18				

4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
					31				

Employee Signature _____ Date _____

Manager Signature _____ Date _____