**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 |  |  |  |  |

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_