



# Rainy River District School Board

## Staff Attendance Sheet

NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_ \*

DAY	HRS	CODE	REASON	DAY	HRS	CODE	REASON
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

Under Code please select type of absence or overtime worked:

**V** Vacation                      **F** Float  
**S** Sick                              **C** Compassionate  
**B** Bereavement              **L** Leave without pay  
**OT** Overtime Worked      **OU** Overtime Used

Total Monthly OT: \_\_\_\_\_

Total Accumulated OT: \_\_\_\_\_

NOTE: This form does NOT replace the *Request for Leave Form*. Please submit completed form to the Human Resources Department (FAX: 274-1950) at the end of each month with supervisor's approval. Thank you!

SIGNATURE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_