Attendance Record for _____

Week of_____, 19___ Date Approved_____, 19___

Supervisor_____

EMPLOYEE	MON	TUE	WED	THU	FRI	SAT	SUN	SIGNATURE EMPLOYEE VERIFICATION

CODE:

P = Present regular shift
P2 = Present regular double shift
V = Vacation
H = Holiday
SL = Sick Leave
CSL = Converted Sick Leave
FMS = Family/Medical Leave & Sick Leave
FMV = Family/Medical Leave & Vacation
FM* = Family/Medical Leave, Unpaid

CT = Compensatory Time
C = Conference
S = Special
* = Without Pay
N = Not Scheduled
For irregular shift write in number of hours

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