

Name: _____

Year: _____

ANNUAL ATTENDANCE RECORD

----- MONTHLY SUMMARY -----

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	V	R	X	S	L	W	M	B	J	U			
Jan																																												
Feb																																												
Mar																																												
Apr																																												
May																																												
Jun																																												
Jul																																												
Aug																																												
Sep																																												
Oct																																												
Nov																																												
Dec																																												

V Vacation
R Voluntary reduction leave
X Leave without pay (excused)
S Sick leave
L LTD leave

W Workers' Compensation leave
M Maternity/Parental/Adoption
B Bereavement
J Jury Duty
U Union Leave (if applicable)

Totals: _____
Carryover (+/-) to Next Year
 Vacation: _____
 Lieu time: _____

Confirmation of Summary/Carryover (if applicable):
 (* Please note: Approval of Dean/Division Head is required for any carryover prior to forwarding to Human Resources)
 Employee's signature: _____
 Supervisor's signature: _____
 *Dean/Division Head's signature: _____

PLEASE RETURN TO HUMAN RESOURCES AT THE END OF DECEMBER

Please note:
 Carry-over of vacation entitlement requires approval in writing of the appropriate Dean/Division Head and Human Resources and should not be a yearly occurrence.