Name: _____ Season: _____

SEASONAL ATTENDANCE RECORD

	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	*MONTHLY SUMMARY* V	R	L	X	S	D	W	M	B	J	U	
Aug																																											
Sep																																											
Oct																																											
Nov																																											
Dec																																											
Jan																																											
Feb																																											
Mar																																											
Apr																																											
May																																											
Jun																																											
Jul																																											

Totals: _____

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)

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 SEASON

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.