

## ATTENDANCE REPORT

Employee Name: (Please Print) \_\_\_\_\_

Date(s) of Event: (MM/DD/YY) \_\_\_\_\_

Reason(s) (please fill in the appropriate box):

STAFF		
Sick ( <b>Please specify</b> Self = S or Family = F)		Indicate ¼ day, ½ day, 1 day, etc.
Personal		
Vacation		
Bereavement, Jury Duty, Parenting Leave, Cancer Screening, Other _____ <b>Please specify</b>		
Conference (off-site) or Workshop (on-site) <b>Please specify</b>		
Unauthorized or Days Without Pay – Salary deduction (pre-approved as per association contract)		

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

\_\_\_\_\_  
Supervisor Signature

***This form is to be returned to Rachel Stevens ASAP.***  
(This form does not supersede individual association contract language.)

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