

ATTENDANCE REPORT

Employee Name: (Please Print) _____

Date(s) of Event: (MM/DD/YY) _____

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

STAFF	
Sick (Please specify Self = S or Family = F)	Indicate ¼ day, ½ day, 1 day, etc.
Personal	
Vacation	
Bereavement, Jury Duty, Parenting Leave, Cancer Screening, Other _____ Please specify	
Conference (off-site) or Workshop (on-site) Please specify	
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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