Employee Attendance Record

Year: _____

Employee's Name: _____ **Supervisor:** _____

Nat Ins Number: _____ **Position:** _____ **Date of Employment:** _____

Payroll Number: _____ **Department:** _____ **Holiday Entitlement:** _____

SAMPLE COPY
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CASTLEMAKER BOOKS

DAILY 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
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															

MONTHLY SUMMARY

S	B	F	H	M	O	X	J	L

YEARLY TOTAL

Codes:
S - Sickness / Accident
B - Bereavement Leave
F - Family / Floating Leave
H - Holiday
M - Maternity / Paternity Leave
O - Time off in lieu of compensation for overtime
X - Indicates leave without pay
L - Long Term Disability
J - Jury Duty

/ - Indicates ½ day absences

Signature of Supervisor: _____ Date: _____