

STAFF ATTENDANCE RECORD

Month/Year: _____

Employee Name:

Employee ID:

Department:

Supervisor:

DATE	TIME IN	TIME OUT	BREAK (MIN)	TOTAL HOURS	NOTES / TASK SUMMARY
------	---------	----------	-------------	-------------	----------------------

DATE	TIME IN	TIME OUT	BREAK (MIN)	TOTAL HOURS	NOTES / TASK SUMMARY
------	---------	----------	-------------	-------------	----------------------

Cumulative Monthly Total:

Employee Signature

Manager Approval