

ATTENDANCE MONITORING

Period: _____ 20__

Employee Name: _____

Department: _____

Employee ID: _____

DATE	TIME IN	TIME OUT	OVERTIME	STATUS	NOTES / PROJECT CODE
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DATE	TIME IN	TIME OUT	OVERTIME	STATUS	NOTES / PROJECT CODE
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P: Present
A: Absent
L: Late
SL: Sick Leave
VL: Vacation Leave

Employee Signature / Date
Supervisor Approval / Date