

ADMINISTRATIVE/PROFESSIONAL ATTENDANCE RECORD

NAME _____ PAY PERIOD ENDING _____

DEPARTMENT _____

Please indicate any days you *did not work* during the past pay period using the codes listed below.

- | | |
|---------------------|------------------------------------------------------|
| SS: Sickness/Self | H: Holiday |
| SF: Sickness/Family | EO: Conference, Jury Duty, University Business, etc. |
| FD: Death in Family | LOA: Leave of Absence |
| V: Vacation | |

	Date	Code		Date	Code
Sunday	<input type="text"/>	<input type="text"/>	Sunday	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	Saturday	<input type="text"/>	<input type="text"/>

Employee's Signature: _____ Supervisor's Signature _____

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Wednesday	<input type="text"/>	<input type="text"/>	Wednesday	<input type="text"/>	<input type="text"/>
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Employee's Signature: _____ Supervisor's Signature _____