Attendance History Record

PLEASE PRINT

Name _____ (LAST / FIRST / MIDDLE)

Department _____

Vacation Days Due _____ *Sick Days Due* _____

Attendance Period _____ (MONTH/YEAR) *to* _____ (MONTH/YEAR)

Employee/Payroll # _____

Phone _____

Hire Date ___/___/___

Codes

A	=	ACCIDENT ON JOB	P	=	PERSONAL
D	=	DEATH IN FAMILY	Q	=	EARLY QUIT
E	=	EXCUSED	S	=	SUSPENSION
F	=	FAMILY ILLNESS	T	=	TARDY
H	=	HOLIDAY	U	=	UNEXCUSED
I	=	ILLNESS - SELF	V	=	VACATION
J	=	JURY DUTY	O	=	OTHER
L	=	LEAVE OF ABSENCE	___	=	_____
M	=	FAMILY/MEDICAL LEAVE	___	=	_____

	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																															
TOTALS																															

SUMMARY																
A	D	E	F	H	I	J	L	M	P	Q	S	T	U	V	O	

INSTRUCTIONS ON BACK

[SAMPLE]

HUMAN RESOURCE ESSENTIALS™

Attendance History Record #5875
This form does not constitute legal advice to the employer. To determine whether an employee would violate Federal, State or Local law, you should seek professional advice.
Seller assumes no responsibility for the employer's use of this form and decisions based on the information provided on this form.