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| **FACULTY OF ALLIED HEALTH SCIENCES**  **UNIVERSITY OF XXXXXXXXXXXXXXXX** | | |
| Attendance Report | - |  |

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| Name | : |  |
| Machine No | : |  |
| Grade | : |  |

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| **Date** | **In** | **Out** | **Status** | **Total Hrs.** | **OT Hours** |
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| **No. of Days Worked** | **:** |  | **Total Late Days** | **:** |  |
| **Total OT Hours** | **:** |  | **Total Short Leaves** | **:** |  |