

2018 ATTENDANCE

LEGEND

- | | |
|-----------------------|-------------------------------------|
| A - Absent (Personal) | P - Personal LOA |
| B - Bereavement | Q - Accident (employee-off the job) |
| C - Transportation | R - Requested Day Off |
| E - Medical Appt. | S - Sick (Employee) |
| F - FMLA | T - Tardy |
| H - Holiday | V - Vacation |
| J - Jury Duty | W - Workers Comp |
| M - Medical LOA | Y - Military LOA |
| N - No Call/ No Show | Z - Layoff |
| O - Lack of Work | |

Name _____
Last First Middle Initial

Soc. Sec. _____

Status: Full Time _____ Part-Time _____ On-Call _____

Address _____
Street

Phone (_____) _____
City State Zip Code

Dept. _____ Birth Date _____

Position _____ Hire Date _____

JANUARY

SUN	MON	TUE	WED	THU	FRI	SAT
	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			

FEBRUARY

SUN	MON	TUE	WED	THU	FRI	SAT
				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			

MARCH

SUN	MON	TUE	WED	THU	FRI	SAT
				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

APRIL

SUN	MON	TUE	WED	THU	FRI	SAT
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					

MAY

SUN	MON	TUE	WED	THU	FRI	SAT
		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		

JUNE

SUN	MON	TUE	WED	THU	FRI	SAT
					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

JULY

SUN	MON	TUE	WED	THU	FRI	SAT
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				

AUGUST

SUN	MON	TUE	WED	THU	FRI	SAT
			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	

SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
						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						

OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
	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			

NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
				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	

DECEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
						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					

NAME _____ EMPLOYEE # _____

	Sick Time			Personal Time			Vacation Time			Leave Time		
	Available	Taken	Remaining	Available	Taken	Remaining	Available	Taken	Remaining	Available	Taken	Remaining
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
Available in 2018												
Carried from 2017												

SUMMARY OF COMMUNICATION: Both formal and informal. Be sure to indicate date and all pertinent quotations and facts. This form should contain a record of ongoing communication.

RECORD OF COMMUNICATIONS INVOLVING DISCIPLINE

Date _____ ☐ Initial Counseling ☐ Written Warning
☐ Final Conference ☐ Discharge

Comments _____

Date _____ ☐ Initial Counseling ☐ Written Warning
☐ Final Conference ☐ Discharge

Comments _____

Date _____ ☐ Initial Counseling ☐ Written Warning
☐ Final Conference ☐ Discharge

Comments _____

This calendar is to be filed in the employee's personnel file.