

TALENT MANAGEMENT SERVICES

MONTHLY STAFF ATTENDANCE MONITORING RECORD

SERVICES/ UNIT : MONTH:																	-										
NO.	NAME	STAFF ID	POSITION	DATE OF LATENESS/ FAILURE TO CLOCKING													TIME OF LATENESS										
				1	2	3	4	5	6	7	8	9	10	TOTAL	1	2	3	4	5	6	7	8	9	10	TOTAL		
Prepared by,																		Verified by,									
Name :															Name :												
Designation : Date :															Designation: Date:												
															2000.												