				Absence Record Card - 2024															ANNUAL	LEAV	Ε						CERTIFIED SICK LEAVE			HARDSHIP LEAVE (Only for IPSA)																	
	Staff Name														Index No. /Rcd 71441567 / 0										Closin	g Baland	ce 2023	0.00	Closing	g Balance	2023	0.00	Closing	g Balance		0.00	Closing E	Balance 20	0.00								
				Staff	Nam	е			Zhan	g YU.	AN									Inde	ex No.	. /Rcd		71441	1567 /	0									nt				i i				Ħ	_		Ħ	
	Type Of Appointment			t National PSA								Grade NPSA-7										Credit	Take	Adjustme	Balance	Credit	Take	Adjustine	Balance	Credit	Take	Adjustme	Balance	Credit	Adjustme	Balance											
2024		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			-											<u>_</u>	
January	М	Т	\	V	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	T W	v	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
February	Th	n F	r S	ia	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
March	Fr	S	a 5	iu	М	Т	W	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	т	w	Th	Fr	Sa S	Su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00 0.00
April	М	т	١ ١	V	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00 0.00
May	W	т	h f	'r	Sa	Su	M	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	w		r	2.00	0.00	0.00	2.00	7.00	0.00	0.00	7.00	12.00	0.00	0.00	12.00	0.00	0.00	00 0.00
June	Sa	a S	u M	1	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su		2.50	0.00	0.00	4.50	0.00	0.00	0.00	7.00	0.00	0.00	0.00	12.00	0.00	0.00 0.00	00 0.00
	М	Т	. \	V	Th	Fr	Sa	Su	М	т	w	Th	Fr	Sa	Su	м	т	OH W	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	T W	v	2.50	0.00	0.00	7.00	0.00	0.00	0.00	7.00	0.00	0.00	0.00	12.00	0.00	0.00 0.0	00 0.00
July	Th	n F	r \$	ia	Su	М	т	w	Th	Fr	Sa	Su	М	т	w	Th	Fr	Sa	Su	М	т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr S	Sa	2.50	0.00	0.00	9.50	0.00	0.00	0.00	7.00	0.00	0.00	0.00	12.00	0.00	0.00 0.0	00 0.00
August					W	Th	-	0.			-	144	Th	Fr	0.	Su	М	_	w	Th	-	0	Su	м	_	144	Th	Fr	Sa		М		_														
Septembe	Su	J IV	1		vv		Fr	Sa	Su	IVI	'	W	In	Fr	Sa	Su	М	'	vv	In	Fr	Sa	Su	M	'	VV	In	Fr	Sa	Su	M		2.50	0.00	0.00	12.00	0.00	0.00	0.00	7.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00
October	Т	v	/ 7	'n	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W T	Th .	2.50	0.00	0.00	14.50	0.00	0.00	0.00	7.00	0.00	0.00	0.00	12.00	0.00	0.00	0.00
November	Fr	S	a \$	iu	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr OH	Sa	Su	М	Т	W	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa		2.50	0.00	0.00	17.00	0.00	0.00	0.00	7.00	16.00	0.00	0.00	16.00	0.00	0.00	0.00
December	Su	ı N	1 1	•	W	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	w	Th	Fr	Sa	Su	М	Т	W	Th	Fr	Sa	Su	м т		2.50	0.00	0.00	19.50	0.00	0.00	0.00	7.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00
ORGANIZ	ATION	IAL UI	VIT					48	48801 - Brazil - Central								EOD C	CS Date	е														- CUR YR & PAST 4 YRs				SIGNATURE OF STAFF MEMBER &total sick leave taken)					ER AN	AND DATE (agreeing with final AL ba				alance
PRESENT (City and 0			TION					D	DS - Brasilia, Brazil								EOD DATE (at Duty Station) :						13-05-2024						(Includes FAMILY EMERGEN SL TOTAL in 2024					0			Date						Signature				
							Home Leave (For IP) (Taken During the Year)										SL TOTAL in 202						0				SIGNATURE OF SUPERVISOR Name :									ļ											
AUDIT OBSERVATIONS:																	SL TOTAL in 20										Date LEAVE MONITOR OR HR FOCAL (Name & Title):				AL POI	Signatur . POINT			iture												
AL Annual Leave 1 Day						6	SC Sick Leave 1 Day (Certified)							1	OH LINI Official Haliday								<u> </u>	SL TOTAL in					2020				-	Date						Signature JD Jury Duty							
S Sick Leave 1 Day (Uncertified)						Sick Leave 1 Day (Certified) SizP "Sick Leave with Half Pay" 1 Day							OH UN Official Holiday TT Travel Time						Pl C				Parental Leave Compensatory Time-Off One Da							PBP ADL		arental - Birth Parent doption Leave					JE			ial Busin	ess						
½AU	, , , , ,				S1		"Sick Leave with Half Pay" 1 Day Combined with "Annual Leave" ½ Day							HL	F		_eave	(Charg	ged to Annual				CA	Compensatory Time-Off Partial Leave ½ Day				rtial Day	ay & Annual FEL F				Family Emergency Leave (Charged to Uncertified Sick Leave)					SC									
1/2A	Annual Leave ½ Day & ½ Day Worked				1/2: LH	SW IP	Sick Leave ½ Day (Uncertified) & ½ Day Wol					/ Work	ed	LWC) 5	Special Leave without Pay Hardship Leave					½ RI		Comp		ry Tim	ne-Off Par	rtial Day		LFP Special Leave With Full Pay TR Learning Leave							FE DO	Half Day Family Emergency Compensatory Day Off										
½CD	Leave ½ Day						 VC	UNV COVID Uncertified Leave							ML		Maternity Leave						FI		Floating Holiday					1/2P Parental - Birth Parent 1/2 Day Worked						C/S	(Travel) "Certified Sick Leave 1/2" & "Uncertified Sick Leave1/2"			1/2" &							
	nnua	ı Leav	e ½ D	ay																															RP							W		"Unc	ertified S	ick Leav	e1/2"