

WILLIAM CAREY UNIVERSITY

EMPLOYEE ATTENDANCE RECORD

Employee Name: _____ / _____
Last First Middle I. Month / Year

SSN: _____ Dept: _____ Campus: _____

Signature of Employee _____

Signature of Supervisor _____

Instructions - Indicate in the grid below the date of any days in which leave time was taken, the type of leave used and the number of hours taken for that date. Total the hours at the bottom of the hours column and in the total by type section.

Leave Legend : S - Sick Leave
 V - Vacation Leave
 P - Personal Leave (up to 16 hrs)

Leave Taken

| Date | Day | Type of leave | Total Hours | Notes (Optional for your records) |
|------|-----|---------------|-------------|-----------------------------------|
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| | 6 | | | |
| | 7 | | | |
| | 8 | | | |
| | 9 | | | |
| | 10 | | | |
| | 11 | | | |
| | 12 | | | |
| | 13 | | | |
| | 14 | | | |
| | 15 | | | |

Total Hours for month

Total Vacation hrs _____ Total Sick hrs _____ Total Personal hrs _____

Other Leaves

Family & Medical(FMLA) (non-paid)
 Jury Duty
 Military (non-paid)
 Other(non-paid)
 Compensatory - Reason: _____

| Date(s) | | | | | | Total Hrs |
|---------|--|--|--|--|--|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Distribution: Original to personnel office
 Retain copy for department files

Personnel Office Use:

Recorded into Fundware: _____ Recorded into Optima: Recorded on checklist: