Attendance Record

Employee Name: Department/Location:

Position/Job: Manager/Supervisor:

Week ending Saturday (date):

Day	Hours					Comments
	Normal duties	Leave	Training	Other	Total	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total						

Employee's signature: Date:

Approved by:

Manager/Supervisor's Name (Print):

Signature: Date:

Payroll Use Only

Total normal hours: Total leave hours:

Method of payment: