

**EXEMPT EMPLOYEE
ATTENDANCE REPORT**

INSTRUCTIONS:

1. Mark number of days to be charged in appropriate column.
2. Forms must be in the Payroll Department by 10:00 A.M. on the "Time Card Due Date."
No Calls will be made to secure missing reports.
3. The form covers the designated pay period. You should account for all days (except weekends) during the pay period. If you are absent for part of a day, indicate how many hours you were gone and the reason for your absence(s).
4. Payroll must have two weeks notification for advance vacation checks.

NAME: _____

BI-WEEKLY BI-MONTHLY PERIOD

ENDING DATE: _____

DEPARTMENT: _____

FOR THIS PAYROLL PERIOD, MY ATTENDANCE SHOULD BE CHARGED
TO THE FOLLOWING CATEGORIES:

Number of Regular Work Days _____

Number of Sick Time Off* _____

Number of Holidays* _____

Number of Vacation* _____

Number of Bereavement* _____

Number of Jury Service* _____

Number of Medical Leave Time Off* _____

Number of Personal Leave Days*
(Unpaid if no work done on these days) _____

OTHER (Please Specify)* _____

* Please Explain in Detail: (Identify the date(s) you were gone and if you did any work on those days): _____

I certify that my attendance as I have recorded above is correct.

Employee Signature

Date

Department Head Approval

Date