

**EXEMPT EMPLOYEE  
BI-WEEKLY 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 Bi-Weekly 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 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