

# ADMINISTRATIVE PROFESSIONAL STAFF ATTENDANCE RECORD

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Please record time using the following codes: B=Bereavement I=Family Illness S=Sick V=Vacation

\*If time off is covered under the Family Medical Leave Act (FMLA), use Fin conjunction with Sick or Vacation time only (i.e., S-F or V-F)

	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
1st Quarter	Jul.																														
	Aug.																														
	Sep.																														
2nd Quarter	Oct.																														
	Nov.																														
	Dec.																														
3rd Quarter	Jan.																														
	Feb.																														
	Mar.																														
4th Quarter	Apr.																														
	May																														
	Jun.																														

		VACATION LEAVE				SICK LEAVE			FAMILY ILLNESS				
		Beginning Balance	Earned	Used	Ending Balance	Beginning Balance	Used	Ending Balance	Beginning Balance	Used	Ending Balance		
1st Quarter	July												
	Aug											Employee Signature	Date
	Sept											Supervisor Signature	Date
2nd Quarter	Oct												
	Nov											Employee Signature	Date
	Dec											Supervisor Signature	Date
3rd Quarter	Jan												
	Feb											Employee Signature	Date
	Mar											Supervisor Signature	Date
4th Quarter	Apr												
	May											Employee Signature	Date
	June											Supervisor Signature	Date

 This form is to be submitted to your supervisor quarterly by **October 15, January 15, April 15 and July 15.**
**NOTE:** Upon supervisor approval of 3rd quarter record, please submit to HR, 373 Wickes Hall, by **April 15.**