

SAINT MARY'S COLLEGE
of California
Exempt Employee Attendance Report

 Name (print)

 ID Number

 /
 Month/Year

 Department

DAY OF MONTH	TOTAL HOURS OFF	REASON*	DAY OF MONTH	TOTAL HOURS OFF	REASON*
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

Key *

V = Vacation
 B = Bereavement
 L/A = Absence without pay
 S = Sick
 H = Hoilday
 J = Jury Duty

ATTENDANCE REPORTS ARE DUE
 BY 3PM ON THE 5th OF EACH MONTH

I hereby certify that all information above is true and correct.

I approve the hours as recorded by this employee.

 Employee's Signature

 Date

 Supervisor's Signature

 Date