2016 ATTENDANCE CALENDAR

PART A:	EMPLOYE	E IDENTIF	ICATION						
NAME:				DEPT/LOCATION/CLASSIFICATION:					
HOME ADDRESS							HOME PHONE		
SIN #/EMPL # UBC S			UBC STAR	BC START DATE			DEPT START DATE		
PART B:	2016 MON	ITHLY TO	TALS (OPT	TONAL)					
MONTH	SICK ACCRUED	SICK USED	SICK BALANCE	VACATION ACCRUED	VACATION USED	VACATION BALANCE	OTHER EARNED	OTHER USED	OTHER BALANCE
JAN									
FEB									
MAR									
APR									
MAY									
JUNE									
JULY									
AUG									
SEPT									
ост									
NOV									
DEC									
TOTAL									
				•					'
PART C:	ACCUMU	LATED LE	AVE AT ST	TART OF C	ALENDAR \	/EAR			
				ATION YOVER:hours			OTHER CARRYOVER:		
hours 2016 E			2016 Entit	Entitlement: hours					
			2016 Tota	l:		hours	Other:		hours

*REMEMBER: Sick and Vacation entitlements may be affected by leaves of absence.

NOTE TO SUPERVISOR:

THIS RECORD MUST ALWAYS FOLLOW EMPLOYEES FROM ONE SUPERVISOR TO ANOTHER.