

2022 ATTENDANCE CALENDAR

Employee Name: _____

Position: _____ Department: _____

Status: ☐ Part-time ☐ Full-time

Home Office: _____ Phone: _____

ATTENDANCE CODES	
A Absent	S Sick Leave
B Business Appointment	P Personal
C CNA	P/FD
D Early Arrival	S/Schedule
E Holiday	T-Trip
F Home	S/Schedule
G Injury Illness	S/Schedule
H Late (No answer)	

JANUARY	FEBRUARY	MARCH
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

APRIL	MAY	JUNE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

JULY	AUGUST	SEPTEMBER
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31

OCTOBER	NOVEMBER	DECEMBER
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
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28	28	28
29	29	29
30	30	30
31	31	31

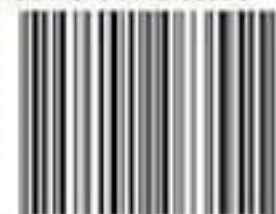
Employee Name: _____

Date	Notes	Field Hours	Urgent Hours	Total

VACATION AND SICK TIME TRACKER						
SICK TIME			VACATION TIME			Comments
Amount	Time	Amount	Amount	Time	Amount	
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

VERBAL REPRIMANDS / WRITTEN WARNING NOTICE			
Date	WRITTEN	VERBAL	Comments

ISBN 9798441483551



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