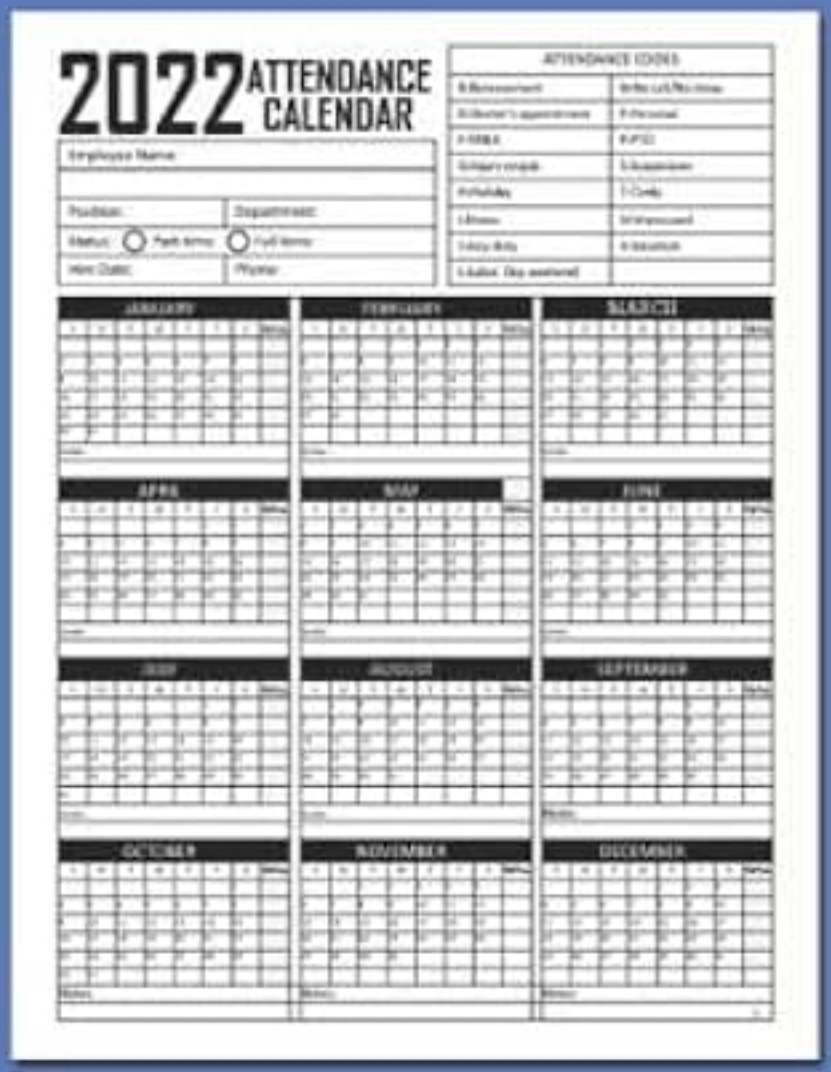

Employee Name: _____

Date	Notes	Paid Hours	Unpaid Hours	Total

	SICK TIME			VACATION TIME			
	Allowed	Taken	Available	Allowed	Taken	Available	Comments
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

VERBAL REPRIMANDS / WRITTEN WARNING NOTICE

Date	WRITTEN	VERBAL	Comment

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