

Employee #:

[illegible]

Name: _____
Last First Middle

Department: _____ Hire Date: ____ / ____ / ____

Position: _____ Phone #: (____) _____

Employee/Payroll #: _____

Vacation Time: _____ Sick Time: _____

March							
S	M	T	W	T	F	S	Total
						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						

Notes

June							
S	M	T	W	T	F	S	Total
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						

Notes

September							
S	M	T	W	T	F	S	Total
	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					

Notes

December							
S	M	T	W	T	F	S	Total
	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				

Notes

Comments

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with third parties.

ATTORNEY

