Name: _____ Employee #: _____

Date	Notes	Paid	Unpaid	Additional Hours Worked
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Quarterly Absence Totals

Reason/ Code	1st	2nd	3rd	4th	Year Total
Quarter Total ▶					

Sick Time and Vacation Time

	Sick Time			Vacation Time			Notes
	Allowed in 2024 _____ Carried over from 2023 _____			Allowed in 2024 _____ Carried over from 2023 _____			
	Allowed	Taken	Available	Allowed	Taken	Available	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Verbal Reprimands or Written Warning Notices

Date	Verbal	Written	Comments
/ /	☐	☐	
/ /	☐	☐	
/ /	☐	☐	
/ /	☐	☐	

This Attendance Calendar™ is to be retained in the employee's personnel file at the end of each year.

ComplyRight

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