

Manager Name:

Department:

	Employee Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

Manager Signature: _____

Month:

24	25	26	27	28	29	30	31	Total Days Present	Signature

Total No. of Working Days