

ATTENDANCE ONLY/NOT FOR PAY

MONTH: _____ **YEAR:** _____

NAME: _____
ID: _____
JOB: _____
LOC: _____

DAY OF MONTH	SUB SIGNATURE(IF APPLIES)	IN FOR DAY	OUT TO LUNCH	IN FROM LUNCH	OUT FOR DAY	TOTAL DAILY HOURS	ADD'L HOURS OR COMMENTS
1							
2							
3							
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29							
30							
31							

EMP SIGNATURE: _____ **PRIN/SUPV SIG:** _____

FORWARD THIS FORM TO SCHOOL CLERK AT END OF EVERY MONTH