

CATHOLIC CHARITIES

Exempt Staff Attendance Record

Name: _____ **Program:** _____

2010

January

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					H	1 2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	H	18	19	20	21	22 23
24	25	26	27	28	29	30
31						

Exempt level employees are not required to keep track of the number of hours they work each week. However, exempt level employees are still required to account for time taken off. On the calendar above, please note (using the codes below) any days you did not work and are requesting time paid off.

V = Vacation Day	C= Comp Day	F= FMLA
S= Sick Day	B= Bereavement Day	
P= Personal Day	J= Jury Duty	

If any of the above is not a full day work, break down only in 1/2 day increments (not in hours).

Time off as noted above

I hereby certify that I worked all of my required hours per week for each of the weeks of this month, except as noted above.

Signed: _____

Dated: _____

No time off this month

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Supervisor Signature: _____

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February

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	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 H	16	17	18	19	20
21	22	23	24	25	26	27
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March

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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			

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				H 1	H 2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
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May

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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13	14	15	16	17	18	19
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September

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			1	2	3	4
5	<div style="border: 1px solid black; padding: 2px; width: 20px; margin: 0 auto;">H</div>	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
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