

# Sullivan County BOCES Summary Attendance Report

Name of Employee (Last, First, Middle Initial) PLEASE PRINT

Anniversary Date:	Negotiating Unit

Pay Period #	Beginning On:	Ending On:												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">month</td> <td style="width: 33%; text-align: center;">day</td> <td style="width: 33%; text-align: center;">year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	month	day	year				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">month</td> <td style="width: 33%; text-align: center;">day</td> <td style="width: 33%; text-align: center;">year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	month	day	year			
month	day	year												
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DAY	DATE	Daily Attendance Record				ACCRUAL CHARGES													
		AM		PM		Sick Leave				Personal Leave	Vacation Leave	Bereave	Conf.	Other					
		In	Out	In	Out	Individual		Family											
		In	Out	In	Out	Full Days	1/2	Full Days	1/2	Full Days	1/2	Full Days	1/2	Full Days	1/2	Full Days	1/2		
SAT.																			
SUN.																			
MON.		/	/	/	/														
TUE.		/	/	/	/														
WED.		/	/	/	/														
THU.		/	/	/	/														
FRI.		/	/	/	/														
SAT.																			
SUN.																			
MON.		/	/	/	/														
TUE.		/	/	/	/														
WED.		/	/	/	/														
THU.		/	/	/	/														
FRI.		/	/	/	/														
<b>TOTAL ALL COLUMNS</b>																			

*I certify that the above information is correct and that I have worked the required hours except those properly charged to leave credits.*

<i>Employee's Signature</i>	<i>Administrator's Signature</i>
<i>Date</i>	<i>Date</i>

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