



STAFF ATTENDANCE RECORD

A = _____ S = _____	2020
A ____ S ____ C ____ PH ____	

Name	Position	Anniversary date	A ____ S ____ C ____ PH ____
------	----------	------------------	------------------------------

	1	2	3	4	5	6	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		
Jan	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Feb	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____
Mar	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Apr	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
May	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
June	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
July	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Aug	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Sep	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Oct	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Nov	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
Dec	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	F	Sat	Sun	M	T	W	Th	A ____ T ____ S ____ S ____ B ____ C ____ I ____ E ____	
	1	2	3	4	5	6	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		

Remarks:	T = Overtime W = LWOP S = Supervisor E = Employee	PH = Personal holiday K = Education/L&I leave B = Call back E = Exam/Training/Conf leave	S = Sick A = Annual leave C = Compensatory leave
Employee signature	Supervisor signature		

NOTE: Supervisor and employee must sign each month.
 The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.