

TALLADEGA COLLEGE

TALLADEGA , ALABAMA

DAILY ATTENDANCE RECORD

DEPARTMENT _____
 RESTRICTED PROGRAM NAME _____

MM//YY _____

NAME	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	

Please try to request leave as far in advance of your absence as possible. If unable to request leave prior to a necessary absence, please notify your Supervisor or Division Chairperson and request leave by the appropriate form. Whenever absent, an indication must be made on this form. Please read instructions on back! **All days of the month must be filled in. For days worked please use the number eight (8).**

V vacation S sick M military C court W without pay O other with pay

I certify that the number of days worked and the absences recorded above are correct for the month indicated above.

EMPLOYEE SIGNATURE & DATE

DIRECTOR/SUPERVISOR SIGNATURE & DATE