

THE SMITH-KETTLEWELL EYE RESEARCH INSTITUTE

ATTENDANCE AND EFFORT RECORD

Employee's Printed Name: _____

Pay Period: _____
(month)

_____ 1 - 15

_____ 16 - 30/31

HOURS WORKED

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours	Fund	Fund	Fund	Fund
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31	%	%	%
REGULAR																	#	#	#	#
SICK/O-TIME																	%	%	%	%

AUTHORIZED ABSENCES

HOLIDAY																
VACATION																
SICK LEAVE																
OTHER																

TOTAL HOURS																
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I certify that the above distribution is a reasonable representation of actual work performed during the period covered by this report.

EMPLOYEE: _____ (date)

SUPERVISOR: _____ (date)