



AMHERST CENTRAL SCHOOL DISTRICT

ATTENDANCE REPORT

NAME: *Name*
 Title

PAY PERIOD: *Mo/Day/Year - Mo/Day/Year*

Monday <i>Mo/Day</i>	Tuesday <i>Mo/Day</i>	Wednesday <i>Mo/Day</i>	Thursday <i>Mo/Day</i>	Friday <i>Mo/Day</i>
Monday <i>Mo/Day</i>	Tuesday <i>Mo/Day</i>	Wednesday <i>Mo/Day</i>	Thursday <i>Mo/Day</i>	Friday <i>Mo/Day</i>

Rosh Hashanah

CODES:

BD Bereavement Day
CD Conference Day
HO Holiday
JR Jury Duty
OT Other (specify)

PD Personal Day
PR Present
RE Recess Days, School Closed
SI Sick
VA Vacation

Employee Signature

Signature:

Administrator/Supervisor Signature

Signature:

Date:

