2018 ATTENDANCE CALENDAR

PART A: EMPLOYEE IDENTIFICATION		
NAME:	DEPT/LOCATION/CLASSIFICATION:	
HOME ADDRESS		HOME PHONE
SIN #/EMPL #	UBC START DATE	DEPT START DATE

PART B: 2018 MONTHLY TOTALS (OPTIONAL)

MONTH	SICK ACCRUED	SICK USED	SICK BALANCE	VACATION ACCRUED	VACATION USED	VACATION BALANCE	OTHER EARNED	OTHER USED	OTHER BALANCE
JAN									
FEB									
MAR									
APR									
MAY									
JUNE									
JULY									
AUG									
SEPT									
OCT									
NOV									
DEC									
TOTAL									

PART C: ACCUMULATED LEAVE AT START OF CALENDAR YEAR

SICK CARRYOVER: _____ hours	VACATION CARRYOVER: _____ hours 2018 Entitlement: _____ hours 2018 Total: _____ hours	OTHER CARRYOVER: Other: _____ hours

***REMEMBER: Sick and Vacation entitlements may be affected by leaves of absence.**

NOTE TO SUPERVISOR:

THIS RECORD MUST ALWAYS FOLLOW EMPLOYEES FROM ONE SUPERVISOR TO ANOTHER.