Monthly summary of absence etc.

Department ..... Month .....

Totals

Authorised absence	(A).....
Unauthorised absence	(U).....
Certified sickness	(S).....
Uncertified sickness	(US) .....
Holidays	(H).....
Lateness	(L) .....
Maternity/Paternity leave	(M/P).....

Employee/ Clock no.	Name	1	2	3	4	5	6	7	8	9	10	11	12	15	18	19	20	21	22	23	24	25	26	27	28	29	30	31

SAMPLE