

Nibinamik Bi-Weekly Attendance Record

Name	Position:
Month of:	Weeks From: To:

DATE	IN AM	OUT AM	CODE	HOURS	IN PM	OUT PM	CODE	HOURS	COMMENTS/OVERTIME	
S										
S										
M										
T										
W										
T										
F										
S										
S										
M										
T										
W										
T										
F										
TOTAL HOURS					TOTAL HOURS					TOTAL HOURS

Overtime Leave	Hours	Medical Leave	hrs/days	Annual Leave	hrs/days
Balance from previous		Balance from previous		Balance from previous	
OT accumulation this period		Credit 1-1/4 days per/month		Credit 1-1/4 days per month	
Minus OT hours this period		Minus ML days this period		Minus L days this period	
Balance of OT Hours		Balance of ML days		Balance of Annual leaves days	

Code	List	Total to Date
SH	Statutory Holiday	
OTL	Overtime Leave	
AL	Annual Leave	
ML	Medical Leave	
LWOP	Leave without pay	
TOB	Travel on business	
BIT	Business in town	
BL	Bereavement Leave	
BOT	Business out of town	
OL	Other Leave	

Employee's Signature: _____

Program Supervisor: _____

Comments: _____
