BRISTOL COMMUNITY COLLEGE
Fall River, Massachusetts

WEEKLY ATTENDANCE REPORT

Please use the following designations:

- Present ✓
- Vacation VAC
- Personal PERS
- Sick SICK
- Professional PROF
- Funeral* F

** record name & relationship to deceased on reverse*

Week Ending:

Department:

Approved by:

Employee Name	Emp. #	M		T		W		Th		F		Employee Signature
		Daily Usage	*Comp Accrual*	*Daily Usage*	*Comp Accrual*	*Daily Usage*	*Comp Accrual*	*Daily Usage*	*Comp Accrual*	*Daily Usage*	*Comp Accrual*	

Comp Accruals should be calculated at time and a half.

October 2003