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NAME ______DEPT # _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
	New Year's Day					
7	8	9	10	11	12	13
14	15	16	17	18	19	20
	MLK Day					
21	22	23	24	25	26	27
28	29	30	31			

WI = Work in Office WO = Work Offsite (please state location)	S = Sick All Day V = Vacation	All Day P	= Personal I	Day B = Bereavem	ent J = Jury Duty
By signing this form, I certify that the information contained	ed in it is true and correct.				
	Totals: `	V	S	P	

Signature

Date

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February			
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DEPT #

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
			Valentine's Day Ash Wednesday			
18	19	20	21	22	23	24
	President's Day					
25	26	27	28	29		

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Totals: V _____ S ____ P ___

Signature

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DEPT #

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10 Daylight Savings Begins	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
Palm Sunday				Holy Thursday	Good Friday	
31						
Easter						

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Totals: V _____ S ____ P ____

Signature

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NAME ______DEPT # _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
	Easter Monday					
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

WI = Work in Office WO = Work Offsite (please state location) S = Sick All Day V	= Vacation All Day P = 1	Personal Day E	B = Bereavement	J = Jury Dut
By signing this form, I certify that the information contained in it is true and	correct.			
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Date

Totals: V _____ S ____ P ____

NAME

_DEPT # _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
•			1	2	2	_

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
Mother's Day						
19	20	21	22	23	24	25
26	27	28	29	30	31	
	Memorial Day					

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Totals: V _____ S ____ P ____

Signature

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DEPT#

June

Sun	Mon	Тие	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
Father's Day			Juneteenth			
23	24	25	26	27	28	29
30						

WI = Work in Office WO = Work Offsite (please state location) S = Sick All Day V = Vacation All Day P = Personal Day B = Bereavement J = Jury Duty By signing this form, I certify that the information contained in it is true and correct.

Date

Signature		

Totals:	V	S		P	
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Signature

NAME	DEPT	#
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Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
				Independence Day		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

WI = Work in Office WO = Work Offsite (please state location) S = Sick All Day Volume (please state location) S = Sick All D	V = Vacation	All Day P = I	Personal Day B	B = Bereavement	J = Jury Duty
By signing this form, I certify that the information contained in it is true an	d correct.				
	Totals:	V	S	_ P	_

Signature

August	
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DEPT #

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

WI = Work in Office WO = Work Offsite (please state location) S = Sick All Day V = Vacation All Day P = Personal Day B = Bereavement J = Jury Duty

By signing this form, I certify that the information contained in it is true and correct.

Totals: V _____ S ____ P ____

Signature Date

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NAME _____

_DEPT # _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
	Labor Day					
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

WI = Work in Office WO = Work Offsite (please state location) S	= Sick All Day V = Vacation A	All Day $P = Pers$	onal Day B = B	Sereavement $J = Jury D$	uty
By signing this form, I certify that the information contained	in it is true and correct.				
	Totals: V	S_	P		

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Date

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NAME ____

_DEPT # _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
	Columbus Day					
20	21	22	23	24	25	26
27	28	29	30	31		
				Halloween		

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	Totals: V	S	P

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DEPT #

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
End Daylight Savings (Fall Back)						
10	11	12	13	14	15	16
	Veteran's Day					
17	18	19	20	21	22	23
24	25	26	27	28	29	30
				Thanksgiving		

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Totals: V _____ S ____ P ____

Signature

Date

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NAME ______DEPT # _____

 Sun	Mon	Тие	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Christmas Eve	Christmas			
29	30	New Year's Eve				

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By signing this form, I certify that the information contained in it is true and	correct.			
	Totals: V	S	р	

Signature

Date

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