GLEN OAKS COMMUNITY COLLEGE
MONTHLY ADMINISTRATIVE TIME CARD

NAME: _____

DATES: _____ to _____

My absences are recorded below.

Date(s)	Number of Hours	Absence Reason		
		Sick	Vacation	Personal
		◉	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○
		○	○	○

TOTAL HOURS ABSENT: 0.00

EMPLOYEE: Click the submit button, fill in the email address of the person you report to and send. (Your e-mail address is your signature.) Email Save

MANAGEMENT: Review and forward to Candy. (Your e-mail address is your signature.)