

## EMPLOYEE ATTENDANCE REPORT FORM

Name	Work Location	
Position	Month of Work	

		Remarks	
	Date	Reason	
Note:			
Please stick the thumbprint sheet in here			
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Decreased by Observed by	Mark aller	A	

Prepared by	Checked by	Verified by	Approved by
(Applicant)	(Manager)	(HR Executive)	(HR Manager)
Name:			
Position:	Name:	Name:	Name:
Date:	Date:	Date:	Date:
Position:			

REF NO.: SLG/HR-A/FRM/18	REVISION NO.:03	EFFECTIVE DATE: 24/02/2023