COLLEGE

SCT ATTENDANCE RECORD
As Required By State Law

This Attendance Record Covers the Payroll Period Ending Saturday

| Regular Time |  |  | Please Enter Total Hours for Each Absence |  |  |  |  |  |  |  |  | Overtime |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 气゙ |  |  |  |  |  | ت ت 0 0 0 0 |  |  |  | Comments/Other (Explain) | Hour In | Hour Out |  |
|  | SUN |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | MON |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | TUE |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | WED |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | THU |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | FRI |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | SAT |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | SUN |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | MON |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | TUE |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | WED |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | THU |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | FRI |  |  |  |  |  |  |  |  |  |  | : | : |  |
|  | SAT |  |  |  |  |  |  |  |  |  |  | : | : |  |
| Beginning Balance: <br> Used: <br> Remaining: |  |  | 0 0 0 | 0 | 0 0 0 | Electronic Attendance Record Instructions (for use of incorporated excel formulas): <br> 1. Enter absences in appropiate box on your computer (record in hours). <br> 2. Enter Beginning Balances of Floating Holidays, Vacation, Personal, and Sick Time (record all in hours). <br> 3. At the end of each month, enter monthly time earned for sick time (record in hours). <br> 4. Used and Remaining Balances will automatically populate in hours. |  |  |  |  |  |  |  |  |

## Instructions:

1. Record the dates for the two week payroll period.
2. If absent for any reason write in the number of hours in the box tha is intercepted by the row corresponding to the correct date and the column corresponding to the correct reason.
3. Overtime section should only be completed if overtime was worked during that pay period (please include hour-in and hour-out for overtime worked).
SCT Employee

|  | Print Name | Signature | Date | Department |
| :---: | :---: | :---: | :---: | :---: |
| Supervisor | knowledge, this employee worked under my supervision for the |  |  |  |
|  | number of hours shown above. | Signature | Date | Title |

