

STATE OF MAINE
DEPARTMENT OF PERSONNEL

July 11, 1978

PERSONNEL MEMORANDUM 21-78

TO: All Agency/Department Heads

SUBJECT: Daily Attendance Report

A requirement exists for agencies to report absences and reasons therefor on a recurring basis. Accordingly, the attached form has been designed and will be completed by each agency so as to arrive at the Department of Personnel, Attention Director of Personnel Administration, not later than 12 noon each Wednesday following the end of the week. This form shall be completed as follows:

1. Agency Number: Enter the umbrella number found in the State Reference Manual.
2. Department: Enter the name of the Department/Commission/Board as appropriate.
3. Bureau/Division: Enter the Bureau/Division/Institution name if reported separately, otherwise leave blank.
4. Week Ending: Enter the date by month, day, year, e.g., 07/08/78.
5. Number of Authorized Positions: Enter the total number of positions authorized and funded.
6. Filled Authorized Positions: Enter the number of authorized and funded positions less vacancies.
7. Number of Other Positions: Enter the number of project, intermittent, CETA, SPEDY; positions authorized and filled.
8. Date: Enter the numeric month and day that this report covers beginning with Sunday, e.g., 07 month, 09 day. Do not repeat month digits unless month changes.
9. Vacation: Enter the total number of employees on vacation leave each day.

10. Sick: Enter the total number of employees on sick leave each day.

11. Administrative: Enter the total number of employees on administrative leave for all or part of each day.

12. Compensatory: Enter the total number of employees granted compensatory time off for all or part of each day.

13. Without Pay: Enter the total number of employees granted leave without pay for all or part of each day.

14. Total: Enter totals for each category of absence.
Note: Leave blank if any category of leave is none.

15. %: Leave blank.

16. The form shall be signed by the appointing authority or authorized representative with the title and date signed.

The report is required in single copy only.

Questions should be directed to Jeannie Johnson at 289-2821.

ROBERT J. STOLT
COMMISSIONER

MAY BE REPRODUCED LOCALLY TO MEET DISTRIBUTION NEEDS

STATE OF MAINE
 DEPARTMENT PERSONNEL
DAILY ATTENDANCE REPORT

| | | | |
|--------------------------------|-----------------------------|-------------------------------------|-------------|
| AGENCY NUMBER | DEPARTMENT | BUREAU / DIVISION | WEEK ENDING |
| NUMBER OF AUTHORIZED POSITIONS | FILLED AUTHORIZED POSITIONS | NUMBER OF OTHER POSITIONS (Specify) | |

| DATE | | DAY OF WEEK | REASON FOR LEAVE OF ABSENCE | | | | | | | TOTAL | % |
|-------|-----|-------------|-----------------------------|------|----------------|--------------|-------------|-------------|--|-------|---|
| MONTH | DAY | | VACATION | SICK | ADMINISTRATIVE | COMPENSATORY | EDUCATIONAL | WITHOUT PAY | | | |
| | | SUNDAY | | | | | | | | | |
| | | MONDAY | | | | | | | | | |
| | | TUESDAY | | | | | | | | | |
| | | WEDNESDAY | | | | | | | | | |
| | | THURSDAY | | | | | | | | | |
| | | FRIDAY | | | | | | | | | |
| | | SATURDAY | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

| | | |
|---|-------|----------------|
| SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE | TITLE | DATE SUBMITTED |
|---|-------|----------------|