

General Assistance Employee Attendance Record

County: _____ Township: _____

Employee's Name (Last Name, First Name)	Date																															REMARKS	
	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		

Pay Period Beginning: _____ Pay Period Ending: _____

I hereby certify that the names of the employees and actual periods of service shown on this form are correct; (Note that unmarked or blank boxes indicate that the employee was present.)

Signature of GA Supervisor: _____ Date: _____