

**East Missouri Action Agency, Inc.**

*A Community Action Agency*

*"An Equal Opportunity/Affirmative Action Employer"*

**Head Start Staff/Volunteer Attendance Sheet**

Staff/Volunteer Name: \_\_\_\_\_

Year: \_\_\_\_\_

																				Totals					
Date																				E	S	P	B	J	L
<b>August</b>																									
Date																				E	S	P	B	J	L
<b>September</b>																									
Date																				E	S	P	B	J	L
<b>October</b>																									
Date																				E	S	P	B	J	L
<b>November</b>																									
Date																				E	S	P	B	J	L
<b>December</b>																									
Date																				E	S	P	B	J	L
<b>January</b>																									
Date																				E	S	P	B	J	L
<b>February</b>																									
Date																				E	S	P	B	J	L
<b>March</b>																									
Date																				E	S	P	B	J	L
<b>April</b>																									
Date																				E	S	P	B	J	L
<b>May</b>																									

E - ETO  
S - Sick Time

P - Personal Day  
L - Leave Without Pay

B - Bereavement  
J - Jury Duty