



EAST MISSOURI ACTION AGENCY, Inc.  
**Head Start**  
**Head Start Staff/Volunteer Attendance Sheet**

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

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

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