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| EMPLOYEE ATTENDNACE SHEET |

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| --- | --- | --- | --- |
| Event | Event Name | Date: | Date |
| Facilitator: | Facilitator name | Place/Room: | Meeting place/ room |

| Employee Name | Title | Department | Time In | Time Out | Over Time |
| --- | --- | --- | --- | --- | --- |
| Name 1 |  |  |  |  |  |
| Name 2 |  |  |  |  |  |
| Name 3 |  |  |  |  |  |
| Name 4 |  |  |  |  |  |
| Name 5 |  |  |  |  |  |
| Name 6 |  |  |  |  |  |
| Name 7 |  |  |  |  |  |
| Name 8 |  |  |  |  |  |
| Name 9 |  |  |  |  |  |
| Name 10 |  |  |  |  |  |
| Name 11 |  |  |  |  |  |
| Name 12 |  |  |  |  |  |
| Name 13 |  |  |  |  |  |
| Name 14 |  |  |  |  |  |
| Name 15 |  |  |  |  |  |
| Name 16 |  |  |  |  |  |
| Name 17 |  |  |  |  |  |
| Name 18 |  |  |  |  |  |
| Name 19 |  |  |  |  |  |
| Name 20 |  |  |  |  |  |
| Name 21 |  |  |  |  |  |
| Name 22 |  |  |  |  |  |
| Name 23 |  |  |  |  |  |
| Name 24 |  |  |  |  |  |
| Name 25 |  |  |  |  |  |