**Tardiness or Absenteeism Record Form**

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| --- | --- | --- | --- |
| **Company Name:** |  | **Department:** |  |
| **Supervisor/Manager:** |  | **Date:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Position/Title:** | Sales Associate | **Contact Number:** | +1 (555) 987-6543 |

**Attendance Record**

| **Date** | **Scheduled Start Time** | **Actual Arrival Time** | **Minutes Late** | **Reason for Tardiness/Absence** | **Type (Tardiness/Absence)** | **Approved By** | **Remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 01-Oct-2025 | 9:00 AM | 9:25 AM | 25 | Traffic congestion | Tardiness | M. Smith | Verbal warning issued |
| 03-Oct-2025 | 9:00 AM | - | - | Sick leave (not informed) | Absence | HR Dept. | Written warning |
| 07-Oct-2025 | 9:00 AM | 9:10 AM | 10 | Dropped child at school | Tardiness | M. Smith | Excused |

**Summary Section**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Tardies (Month)** | **Total Absences (Month)** | **Total Minutes Late** | **Unexcused Occurrences** |
| 2 | 1 | 35 | 1 |

**Supervisor’s Comments**

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**Employee Acknowledgment**

I acknowledge that the above information is correct and understand that repeated tardiness or absenteeism may result in disciplinary action as per company policy.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_  
**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_