T0003 V2 Feb 2018

2018

RECORD OF EVENTS - 2018

Name _____ _____ Department _____ Employee # _____

Last Name First Name

Job Title _____

	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
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															

Section 4

A	Absence			PL	Paternity Leave	T	Training
AA	Approved Absence	J	Jury Duty	PRL	Personal Leave		
B	Bereavement	L	Late			V	Vacation
D	Discipline	LO	Lay Off	S	Sick	WCB	Work Related Illness/Injury
DA	Doctor's Appointment	LD	Light Duties	H	Statutory Holiday		
EL	Early Leave	LTD	Long Term Disability	SD	Storm Day		Weekend
$	Paid Sick Day	M	Maternity Leave				

Section 5

Date	Initials	Notation

2018 RECORD OF EVENTS *(continued)*

Name	Employee Number	Department

Date	Initials	Notation