



**NATIONAL CENTER FOR MENTAL HEALTH
HUMAN RESOURCE MANAGEMENT OFFICE
MONTHLY REPORT OF ATTENDANCE**

*HRMO Monthly
Report Attendance
Rev. 3
13 Nov 2023*

Month _____, 20____

NAME OF SERVICE/ SECTION/ PAVILION _____

NO.	NAMES	DATE OF ABSENCE	ABSENCES		TOTAL NO. OF ABS	DATE OF T/ UT	TARDINESS		UNDERTIME		TOTAL NO. OF DAYS W/ T/ UT	REMARKS
			VAC	SICK			HRS	MIN	HRS	MIN		

Submitted by: _____

Noted by: _____