

# Attendance Allowance Form

## Employee Information

- Full Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_

## Attendance Record

Month	Days Attended	Eligible for Allowance (Yes/No)	Remarks
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Eligibility Criteria

- Minimum Attendance Requirement Met:  Yes  No

## Approval Section

- Supervisor Approval:  Approved  Denied
- Supervisor Name: \_\_\_\_\_
- Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Submission Date: \_\_\_\_\_