EMPLOYEE ATTENDANCE JUSTIFICATION		
Format No. Rev. No & Date:		
Date of Justification:		
Employee Name		
Date of Occurrence		
Supervisor		
Department		
Reason for Absence / Dela	ау	
Employee Statement		
1 2		
Sunonvison Statement		
Supervisor Statement		
Decision		
DCC131011		
Employee Sign.	Supervisor Sign.	HR Sign.