Department:_____ **Week Ending:**_____

Professional Attendance Report

Salem State College

Last name, first name	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Emplid Record Number	TRC/HRS	TRC/HRS	TRC/HRS	TRC/HRS	TRC/HRS	TRC/HRS	TRC/HRS

I certify that this time schedule is a true record of time worked by the employees assigned to this area.

Supervisor: _____

(Signature) ***(Date)***