

## BIO METRIC ATTENDANCE SYSTEM MISSED ATTENDANCE FORM

Name:	Employee Code:	Date:
Dept. Name:	Designation:	
Please specify reason: -		
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		
Actual Time In: _____ Actual Time Out: _____		
Employee Signature: _____ Verified by: (Supervisor's Signature) _____		
<p>Note: This form should be filled/duly verified by supervisor and submitted to Assistant Admin Officer within same date or next day. After next day absent will be marked for the said date and eight working hours will be deducted from the total working hours which results to salary deduction.</p>		

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