MANAGEMENT MONTHLY CALENDAR

NAME: _____   MONTH & YEAR: _____

POSITION: _____   WORK SITE: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___
☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___	☐ W ___ S ___ P ___

SIGNATURE: _____   WORK DAYS: _____

DATE: _____   SICK DAYS: _____

SUPERVISOR'S INITIALS: _____   PERSONAL
 NECESSITY: _____

TOTAL DAYS CONTRACTED FOR YEAR: _____

TOTAL CONTRACT DAYS WORKED "TO DATE": _____   **TOTAL DAYS FOR MONTH:** _____

REVISED 5/21/98 ss