UNITED NATIONS DEVELOPMENT PROGRAMME
MONTHLY ATTENDANCE REPORT

Staff Member: _____ Month & Year: _____ Prepared by: _____
Family Name First Name Leave Monitor (Signature & Name)

Roster No. : _____ IUNV ☐ NUNV ☐ Duty Station: _____ Telephone No. : _____

(Tick whichever applicable by **X** for whole day and ⁄ for half day)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
a) Present at Work																															
b) Weekend 1/																															
c) Official Holidays 1/																															
d) Official Business /2																															
e) Annual Leave																															
f) Home Leave 2/ (Including Travel Time)																															
g) Family Visit 2/ (Including Travel Time)																															
h) Sick Leave (Un certified)																															
i) Sick Leave(Certified) 3/ and Medical Evacuation 2/ 3/ 4/																															
j) Maternity Leave																															
k) Leave for Medial																															
l) Dental Check Up 5/																															
m) Compensatory Time Off 6/																															
n) Jury Duty7/																															
o) Special Leave without Pay 7/																															
p) Special leave with full pay7/																															

Remarks:

_____ _____ _____ _____
Head of Organization's Unit or Resident Representative (Date) (Signature of UNV volunteer) (Date)
(Signature, Name & Title printed)

1. As applicable to duty station (Ref CFO for holidays and work schedule observed by UNDP Field Offices)
2. Processes F 10 Travel Claim to be attached (Copy)
3. Attending Physicians's certificate or MS to be attached (Copy)
4. Indicate exact period of absence from duty station including dates of travel
5 Designated Duty Station only
6. Overtime reporting sheet to be attached (Copy)
7. Supporting Authorization to be attached (Copy)

Note
(i) The leave monitor should ensure that:- This form (Including all required information) is duly completed and signed before transmitting to DDP and Res Representative
(ii) Top form is clearly printed
(iii) A vertical line is drawn on column 8318 if the month in question has 30 days and column 29 and/or 30 if this month is February