



**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PAYROLL DEPARTMENT**



2018-2019 SECOND SEMESTER PERFECT ATTENDANCE

Name: _____ **Employee ID:** _____

Campus/Department: _____

Position: _____

Monthly

Biweekly

I, _____, certify that I have not been absent from my workstation due to: Personal or Family Illness, FMLA, State Personal Leave/Religious Observance, Death in Family/Relative, Worker's Comp, Administrative/Assault Leave, Military Leave (Long Term), Restricted Absence, or Unauthorized Leave, from the first day to the last day of the 2nd Semester of the calendar which I am under.

I do qualify for the \$125.00 perfect attendance supplement.

Signature: _____

Date: _____

Verified by: Campus/Department Secretary: _____ **Date:** _____

Principal/Supervisor: _____ **Date:** _____

Approved By:

Administrative Payroll Accountant: _____ **Date:** _____

For Payroll Use Only

Pay Date: _____

Verified on: _____ *Initials:* _____