



**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
PAYROLL DEPARTMENT**



# 2018-2019 FIRST 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 1<sup>st</sup> 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:* \_\_\_\_\_