

MISSION MOUNTAIN ENTERPRISES, INC.
Attendance Tracking

Specify Event: ___ Call Off ___ Left Early ___ No Call/No Show

Staff Scheduled: _____

Person Calling: _____

Date/Time of Call: _____

Date/Time/Location of Missed Shift: _____

Reason/Comments: _____

Person Taking Call/Note: _____ Date: _____

Area Lead: _____ Date: _____

Area Director: _____ Date: _____

Services Director: _____ Date: _____

CEO: _____ Date: _____

Area Lead Follow Up: (what is being done?)

