



**Time and Attendance
Absent from Assignment Form
(Independent Consultant)**

Name: _____

Work Site: _____

Dates: From _____ To _____

	MON	TUES	WED	THUR	FRI	SAT	SUN		MON	TUES	WED	THUR	FRI	SAT	SUN		
DATE																	
	HRS	HRS	HRS	HRS	HRS	HRS	HRS		HRS	HRS	HRS	HRS	HRS	HRS	HRS		Total Hours
Total Hours																	

Independent Consultant's Signature and Title: _____

Date: _____

Notified:

Onsite Client's Authorized Signature and Title: _____

Date: _____

Comments: _____

Human Resources Director's Signature

Date