

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ENTERED

ATTENDANCE MEMO

DATE OF REQUEST: Oct. 5, 2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: Nov. 10, 2015 - ~~1/2~~ day PM; Nov. 12, 2015 - ~~1/2~~ day AM

COMP TIME: _____

Handwritten notes: "1 day off" with an arrow pointing to the vacation date line, and "1 day OK JA" with an arrow pointing to the Nov. 10, 2015 entry.

APPROVAL: *[Signature]*

DATE: 10/5/15

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE



ATTENDANCE MEMO

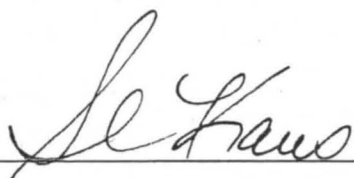
DATE OF REQUEST: 11/9/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: 11/9/2015 – ½ day AM

VACATION DATE: _____

COMP TIME: _____

APPROVAL: 

DATE: 10/30/15

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ATTENDANCE MEMO

 **ENTERED**

DATE OF REQUEST: 10/7/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: 9/29/2015 – 1.0 day

VACATION DATE: _____

COMP TIME: _____

APPROVAL: 

DATE: 10/7/15

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ATTENDANCE MEMO

DATE OF REQUEST: 8/24/2015

EMPLOYEE: Kory Atkinson

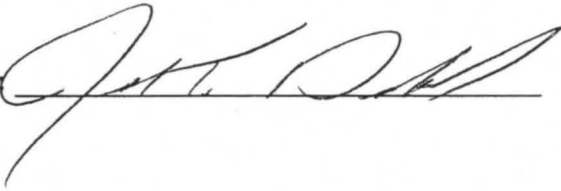
SICK/PERSONAL DATE: _____

VACATION DATE: _____

COMP TIME: _____

* 9/10/2015 – 1.0 day – Deposition for Itasca School District

APPROVAL



DATE:

8/25/2015

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ATTENDANCE MEMO

DATE OF REQUEST: 8/24/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: _____

COMP TIME: _____

* 9/4/2015 – 1.0 day – Deposition for Itasca School District

APPROVAL: _____



DATE: _____

8/25/2015

 ENTERED

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ATTENDANCE MEMO


DATE OF REQUEST: 7/2/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: 8/14,17-21/2015 (6.0 days)

COMP TIME: _____

APPROVAL: 

DATE: 7/9/15

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE



ATTENDANCE MEMO

DATE OF REQUEST: 7/27/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: 8/10/2015 (1.0 day)

COMP TIME: _____

APPROVAL: 

DATE: 7/27/15

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ENTERED

ATTENDANCE MEMO

DATE OF REQUEST: 7/17/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: 7/30/2015 (0.5 day PM)

COMP TIME: _____

APPROVAL: *[Signature]*

DATE: 7/21/15



BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

ATTENDANCE MEMO

DATE OF REQUEST: 7/9/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: 7/20/2015 (1.0 day)

COMP TIME: _____

APPROVAL: *[Signature]*

DATE: 7/9/15.

BLOOMINGDALE TOWNSHIP ASSESSORS OFFICE

 **ENTERED**

ATTENDANCE MEMO

DATE OF REQUEST: 7/2/2015

EMPLOYEE: Kory Atkinson

SICK/PERSONAL DATE: _____

VACATION DATE: 7/15/2015 (1.0 day)

COMP TIME: _____

APPROVAL: 

DATE: 7/9/15