附件1：

**继续教育学院考勤特殊情况汇总表**

**科室： 时间： 年 月 日 周次：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 | 未打卡时间 | 情况类别 | 事由 | 部门主任签字 |
| 月/日 | 星期 | 班次 | 事假 | 公务 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |