



UNRECORDED BIOMETRIC ATTENDANCE

NAME OF THE FACULTY MEMBER: _____ **EMPLOYEE CODE:** _____

DESIGNATION: _____ **DEPARTMENT:** _____

DATE OF UNRECORDED ATTENDANCE: _____ **TIME OF UNRECORD:** _____

REASON FOR UNRECORDED ATTENDANCE: _____

SIGNATURE:

FACULTY MEMBER

HOD

PRINCIPAL

HR

VICE CHAIRMAN