

## Monthly Attendance of Vocational Trainer (VT)

Name of the School	District	Month & Year	Date of Issuance by DDO

SN	Name of VT	Trade	Name of VTP	DOJ (dd-mm-yy)	Leaves Aailed in Present Month				Cumulative Leave(s) (Jan to Dec, Year)				
					CL	ML	LWP	MTL	CL	ML	LWP	MTL	
1													
2													
3													
4													
5													
6													

**Date/Period of Leave(s) Aailed:**

1	CL (Casual Leave)	
2	ML (Medical Leave)	
3	LWP (Leave Without Pay)	
4	MTL (Maternity Leave)	

**Remarks, if any-**

**Sig of Vocational Trainer(s)**

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

**Sig. of Principal with Seal**

**Copy to;**

- 1 All concerned VTPs/Coordinators for all trades, for information and N/A, please
- 2 DD(QC) cum DPO (DIET) for information
- 3 Guard File

Note: The attendance shall be signed/issued on the last day of the month. In case the last day of the month is a holiday, the attendance shall be issued on the next working day of the following month. The attendance without the mention of date of issuance shall not be considered.