

UNIVERSITY OF NAIROBI
STUDENTS' WELFARE AUTHORITY

STAFF WORK ATTENDANCE CAPTURE FORM

DEPARTMENT/UNIT:

DATE:

NO.	DEPARTMENT	TOTAL NO. OF STAFF	PRESENT	%	ON LEAVE/OUT ON ASSIGNMENT	%	ABSENT	%
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Signed.....

HEAD OF DEPARTMENT