

Biometric Attendance Register Form

Date: _____

Department: _____

S/N	Employee Name	Employee ID	Biometric Verification (Tick)	Time In	Time Out	Remarks
1			â˜			
2			â˜			
3			â˜			
4			â˜			
5			â˜			

Note: This register form utilizes biometric authentication (fingerprint, iris, or facial recognition) to verify employee attendance entries. For manual override or error reporting, please indicate in the remarks section.

Supervisor's Signature: _____ Date: _____