

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: _____