

1478

ATTENDANCE RECORD CARD 1959

1/5/48

62-1

405-34-0021

1478

ROBERT M. HOGAN

DATE

OPERATION (INDICATE CHANGES IN OPERATION, BY DATE)

ADDRESS (USE PENCIL):

RATE

HOME (NEAREST) PHONE NO.

DATE

DATE

No Report -		Sick or + Outside Injury		Factory Injury Z		Excused ✓		Suspended O		Miscellaneous ± Vacation(- Vac-)		No Work N Limit of Hours Φ		Work Stoppage Ψ																			
1959	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Weekly Paid U-Hour	
JAN.	V	Φ	Φ	Φ	Φ	8	8	8	8	8	8	8	Φ	Φ	8	8	8	8	8	8	Φ	Φ	8	8	8	8	8	8	8	8	Φ	Φ	
FEB.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
MAR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
APR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
MAY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
JUNE	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
JULY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
AUG.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
SEPT.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
OCT.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
NOV.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
DEC.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		

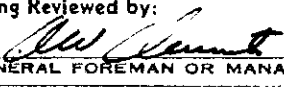
EACH DAY ON WHICH THE EMPLOYEE DOES NOT WORK MUST BE SHOWN BY THE PROPER SYMBOL. SATURDAYS, SUNDAYS, AND HOLIDAYS INCLUDED.
LITHO. IN U. S. A. EXPLANATION OF MISCELLANEOUS AND EXCUSED ABSENCES MUST BE RECORDED ON BACK OF CARD. LITHO. IN U. S. A.

NGC32862

1. When card is TEMPORARILY sent to Employee Services Dept. (Room 9) CHECK REASON (Use Pencil).
Last Day Worked— Sick Seven Days () Factory Injury () Leave of Absence Until

2. In case of REMOVAL or TRANSFER complete ALL ITEMS in Sections 2 and 3 (Use Ink) sign and send card to Employee Services Dept. (Room 9).
Reason for Removal or Transfer (be specific)

Last Day Worked—	Company Property Returned?—				Average U-Hour—	Earned or Paid— (Which?)
	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATIS-FACTORY	
Quality of work		✓				6. Record <u>must</u> be made below of all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS <u>MUST</u> BE DATED AND SIGNED.
Quantity	✓					
Deporment		✓				
Adaptability		✓				
Safety			✓			
Recommended For Re-Employment?	YES		✓		NO	
If NO Give Specific Reasons Below.						

Rated by:  FOREMAN
Rating Reviewed by:  GENERAL FOREMAN OR MANAGER

4. I have read the Items recorded on this card. Date _____
EMPLOYEE'S SIGNATURE ADDRESS

5. (This Space For Use of Personnel Operating & Records Dept.) Code
Transferred to Dept. _____
Operation _____
New Rate _____
Transfer or Exit Date _____

7. All Miscellaneous (±) and Excused Absences (✓) must be explained below.
ALL NOTATIONS MUST BE DATED AND SIGNED

1478

ATTENDANCE RECORD CARD 1960

1/5/48

62-1

405-34-0021

1478

ROBERT M. HOGAN

DATE

OPERATION (INDICATE CHANGES IN OPERATION, BY DATE)

ADDRESS (USE PENCIL):

HOME (NEAREST) PHONE NO.

DATE:

RATE

DATE

No Report -				Sick or + Outside Injury				Factory Injury Z				Excused ✓				Suspended O				Miscellaneous ± Vacation (- Vac-)				No Work N Refused Overtime R				Work Stoppage W Legal Strike S				
1960	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Weekly Paid U-How
JAN.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
FEB.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
MAR.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
APR.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
MAY	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
JUNE	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
JULY	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
AUG.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
SEPT.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
OCT.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
NOV.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	
DEC.	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	

12-1-56 LITHO. IN U.S.A.

EACH DAY ON WHICH THE EMPLOYEE DOES NOT WORK MUST BE SHOWN BY THE PROPER SYMBOL. SATURDAYS, SUNDAYS, AND HOLIDAYS INCLUDED.

EXPLANATION OF MISCELLANEOUS AND EXCUSED ABSENCES MUST BE RECORDED ON BACK OF CARD.

1. When card is TEMPORARILY sent to Employee Services Dept. (Room 9) CHECK REASON (Use Pencil). Last Day Worked—
Med. Restriction—Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

2. In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections 2 and 3 and sign; in case of Removal send cards to Employee Services Dept. (Room 9), and in case of Transfer send cards to Factory Employment Dept.

Reason for Removal or Transfer (be specific)

Last Day Worked—

Company Property Returned?—

Average U-Hour—

Earned or Paid— (Which?)

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
3. Quality of work		✓			
Quantity			✓		
Deporment		✓			
Adaptability		✓			
Safety			✓		
Recommended For Re-Employment?	YES		NO		
If NO Give Specific Reasons Below.					

6. Record must be made below of all Commendations, Reprimands, Suspensions and Special Notations.
ALL NOTATIONS MUST BE DATED AND SIGNED.

Rated by: *J. Matthews* FOREMAN Rating Reviewed by: *aw Clunt* GENERAL FOREMAN OR MANAGER

4. I have read the items recorded on this card. Date _____
EMPLOYEE'S SIGNATURE ADDRESS

7. All Miscellaneous (±) and Excused Absences (✓) must be explained below.
ALL NOTATIONS MUST BE DATED AND SIGNED

5. (This Space For Use of Personnel Operating & Records Dept.)		Code
Transferred to Dept.		
Operation		
New Rate		
Transfer or Exit Date		

1478

1/5/48

62-1 405-34-0021
1478 ROBERT M. HOGAN

DEPT.	PR	DATE	OPERATION (INDICATE CHANGES IN OPERATION, BY DATE)

ADDRESS (USE PENCIL):

HOME (NEAREST) PHONE NO.

DATE:

No Report — Factory Injury Z				Sick or + Outside Injury				Excused ✓ Suspended O				Miscellaneous Vacation (- Vac.)				No Work N Refused Overtime R				Work Stoppage W Legal Strike S				HOURLY RATE	DATE								
1961	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	
1962	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	
Miscellaneous																																	

Miscellaneous

FORM 4237
11-1-48
EACH DAY THE EMPLOYEE DOES NOT WORK MUST BE SHOWN BY THE PROPER SYMBOL. SATURDAYS, SUNDAYS, AND HOLIDAYS INCLUDED. MISCELLANEOUS AND EXCUSED ABSENCES MUST BE EXPLAINED ON BACK OF CARD. IF ADDITIONAL SPACE IS NEEDED FOR RECORDING OPERATIONS AND NOTATIONS ATTACH FORM 4237.

Reason for Removal or Transfer (be specific)	P.A.U.H.	Last Day Worked
1.		
2.		

1. Recommended For Re-Employment?	YES ☒ NO ☐	580 x 52 plastic poly thereby causing chg
If NO Give Specific Reasons Below.		to solidify and be scrapped. <i>4/6/61 H. Brown</i>

Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.

Failed to properly record and transmit to following shift status of partially chg'd 580 x 52 plastic poly thereby causing chg to solidify and be scrapped. *John Albert*
5/9/61 Dalton

E. All Miscellaneous ($\pm$) and Excused Absences ($\checkmark$) must be explained below. ALL NOTATIONS MUST BE DATED.

I have read the Items recorded on this card.		Date
EMPLOYEE'S SIGNATURE	ADDRESS	

[illegible]

ATTENTION: RECORD CARD 1953 #4

1/5/48

1478

62-1 405-34-0021
1478 ROBERT M. HOGAN

DEST PR DATE OPERATION (INDICATE CHANGES IN OPERATION BY DATE)

DEST	PR	DATE	OPERATION

ADDRESS (USE PENCIL):

HOME (NEAREST) PHONE NO

DATE

No Report — Factory Injury Z				Sick or + Outside Injury				Excused ✓ Suspended O				Miscellaneous Vacation (- Vac-)				No Work N Refused Overtime R				Work Stoppage W Legal Strike S				HOURLY RATE	DATE									
1963	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Miscellaneous		
JAN.	H	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	16	9	8	8	8	8	8	8	8	8			
FEB.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
MAR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
APR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
MAY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
JUNE	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
JULY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
AUG.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
SEPT.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
OCT.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
NOV.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
DEC.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
1964	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
JAN.	H	V	A	C	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
FEB.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
MAR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
APR.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
MAY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
JUNE	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
JULY	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
AUG.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
SEPT.	V	A	C	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
OCT.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
NOV.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
DEC.	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			

Miscellaneous

NGC32868

A In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign, in case of Removal send cards to Employee Services Dept (Room 9), and in case of Transfer send cards to Factory Employment Dept When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med. Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific)								P.A.U.H.	Last Day Worked	
1.										
2.										
B.	1 ABOVE AVER	AVER	2 BELOW AVER	UNSATIS-FACTORY	3 ABOVE AVER	AVER	4 BELOW AVER	UNSATIS-FACTORY	C. 1. Transfer or Exit Date	Code
Quality	✓				✓				2. Transfer or Exit Date	Code
Quantity		✓				✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department	✓				✓					
Adaptability	✓				✓					
Safety		✓				✓				
1. Recommended For Re-Employment?					YES			NO		
If NO Give Specific Reasons Below.										
Rated by:					Rating Reviewed by:					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the Items recorded on this card.					Date					
EMPLOYEE'S SIGNATURE					ADDRESS					
2. Recommended For Re-Employment?					YES			NO		
If NO Give Specific Reasons Below.										
Rated by:					Rating Reviewed by:					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the Items recorded on this card.					Date					
EMPLOYEE'S SIGNATURE					ADDRESS					
E. All Miscellaneous (±) and Excused Absences (✓) must be explained below. ALL NOTATIONS MUST BE DATED.										

1478

62-1 405-34-0021
1478 ROBERT M. HOGAN

DATE _____

[illegible]

A. In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign; in case of Removal send cards to Employee Services Dept (Room 9), and in case of Transfer send cards to Factory Employment Dept. When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific) _____								P.A.U.H.	Last Day Worked
1. _____									
2. _____									

B.	ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS- FACTORY	2. ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS- FACTORY	C. 1. Transfer or Exit Date	Code
Quality	✓				✓				2. Transfer or Exit Date	Code
Quantity		✓				✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department	✓				✓					
Adaptability		✓				✓				
Safety		✓				✓				
1. Recommended For Re-Employment? YES ☒ NO ☐										
If NO Give Specific Reasons Below.										
Rated by: <i>W J Vito</i>					Rating Reviewed by: <i>W J Vito</i>					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the items recorded on this card. Date _____										
EMPLOYEE'S SIGNATURE					ADDRESS					
2. Recommended For Re-Employment? YES ☒ NO ☐										
If NO Give Specific Reasons Below.										
Rated by: <i>T. E. Blackwell</i>					Rating Reviewed by: <i>W J Vito</i>					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the items recorded on this card. Date _____										
EMPLOYEE'S SIGNATURE					ADDRESS					

ATTENDANCE
1478

1/5/48

DEPT	PR	DATE	OPERATION	INTEGRATION	OF	AND	
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694

445-34-0021

2000

ROBERT M. HOGAN

HOME (NEAREST) PHONE NO. _____

DATE: _____

ADDRESS (SEE PAGE 1)

NAME (NEAREST) PHONE NO.

DATE:

No Report — Factory Injury Z			Sick or + Outside Injury							Excused ✓ Suspended O							Miscellaneous Vacation (- Vac.)							No Work N Refused Overtime R							Work Stoppage W Legal Strike S							HOURLY RATE		DATE								
																																						A	T									
DEC.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
JAN.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
FEB.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
MAR.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
APR.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
MAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
JUNE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
JULY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
AUG.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
SEPT.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															
OCT.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	0	0															

A. In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign, in case of Removal send cards to Employee Services Dept. (Room 9), and in case of Transfer send cards to Factory Employment Dept. When card is TEMPORARILY sent to Employee Services Dept. (Room 9) CHECK REASON (Use Pencil), Med. Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific)								P.A.U.H.	Last Day Worked
1.									
2.									

B.	1 ABOVE AVER.	AVER	BELOW AVER.	UNSATIS. FACTORY	2 ABOVE AVER.	AVER	BELOW AVER.	UNSATIS. FACTORY	C. 1. Transfer or Exit Date	Code
Quality		✓				✓			2. Transfer or Exit Date	Code
Quantity		✓				✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department		✓				✓				
Adaptability		✓				✓				
Safety		✓				✓				

1. Recommended For Re-Employment? YES NO

If NO Give Specific Reasons Below.

Rated by: <i>T.E. Blackburn</i> FOREMAN	Rating Reviewed by: <i>J. Stone</i> GENERAL FOREMAN OR MANAGER
--	---

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS
----------------------	---------

2. Recommended For Re-Employment? YES NO

If NO Give Specific Reasons Below.

Rated by: <i>T.E. Blackburn</i> FOREMAN	Rating Reviewed by: <i>J. Stone</i> GENERAL FOREMAN OR MANAGER
--	---

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS
----------------------	---------

ATTENDANCE RECORD CARD 1969-70

1478

1/5/48

62-1 405-34-0021
1478 ROBERT W. HOGAN

ADDRESS USE PENCIL:

HOME (NEAREST) PHONE NO

DATE:

No Report — Factory Injury Z				Sick or + Outside Injury				Excused ✓ Suspended O				Miscellaneous ± Vacation (- Vac-)				No Work N Refused Overtime R				Work Stoppage W Legal Strike S				HOURLY RATE	DATE								
1969	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.	H																																
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	
1970	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	

Miscellaneous

Miscellaneous

A. In case of REMOVAL or TRANSFER, complete in ink ALL ITEMS in Sections A and B and sign, in case of Removal send cards to Employee Services Dept (Room 9), and in case of transfer send cards to Factory Employment Dept. When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med. Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific)								P.A.U.H.	Last Day Worked
1.									
2.									

B.	1. ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS-FACTORY	2. ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS-FACTORY	C. 1. Transfer or Exit Date	Code
Quality		✓				✓			2. Transfer or Exit Date	Code
Quantity			✓			✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department	✓				✓					
Adaptability	✓		✓		✓					

Commended For Re-Employment? YES ☒ NO ☐

If NO Give Specific Reasons Below.

Rated by:	Rating Reviewed by:
FOREMAN	GENERAL FOREMAN OR MANAGER

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS

Commended For Re-Employment? YES ☒ NO ☐

Give Specific Reasons Below.

Rated by:	Rating Reviewed by:
FOREMAN	GENERAL FOREMAN OR MANAGER

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS

ATTENDANCE RECORD CARD 1971-72

1478

62-1 405-34-0021
1478 ROBERT M. HOGAN

1/5/48

DEPT	PR	DATE	OPERATION	INDICATE CHANGES IN OPERATION BY DATE

ADDRESS - USE PENCIL

HOME (NEAREST) PHONE NO.

DATE:

No Report — Factory Injury Z					Sick or + Outside Injury					Excused ✓ Suspended O					Miscellaneous ± Vacation (- Vac-)					No Work N Refused Overtime R					Work Stoppage W Legal Strike S					HOURLY RATE	DATE		
1971	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.	2		S	S	S	S	S	S	S	S	S	S	S	S							S	S	S	S	S	S	S	S	S	S	S		
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.	S																																
SEPT.																																	
OCT.																																	
NOV																																	
DEC																																	
1972	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV																																	

Miscellaneous

Miscellaneous

A. In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign, in case of Removal send cards to Employee Services Dept (Room 9), and in case of Transfer send cards to Factory Employment Dept. When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med. Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific) _____								P.A.U.H.	Last Day Worked
1. _____									
2. _____									

B.	1 ABOVE AVER.	2 AVER.	BELOW AVER.	UNSATIS-FACTORY	1 ABOVE AVER.	2 AVER.	BELOW AVER.	UNSATIS-FACTORY	C. 1. Transfer or Exit Date	Code	
Quality	✓	✓			✓	✓			2. Transfer or Exit Date	Code	
Quantity	✓					✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.		
Department		✓				✓					
Adaptability	✓	✓			✓	✓					
Safety		✓				✓					
1. Recommended For Re-Employment? YES ✓ NO											
If NO Give Specific Reasons Below.											
Rated by: <u>W. A. Boyd</u> FOREMAN					Rating Reviewed by: <u>[Signature]</u> GENERAL FOREMAN OR MANAGER						
I have read the items recorded on this card. Date _____											
EMPLOYEE'S SIGNATURE					ADDRESS						
2. Recommended For Re-Employment? YES ✓ NO											
If NO Give Specific Reasons Below.											
Rated by: <u>W. A. Boyd</u> FOREMAN					Rating Reviewed by: <u>[Signature]</u> GENERAL FOREMAN OR MANAGER						
I have read the items recorded on this card. Date <u>1-29-73</u>											
EMPLOYEE'S SIGNATURE					ADDRESS						

ATTENDANCE RECORD CARD 1973 1974

1478

1/5/48

62-1 405-34-0021
1478 ROBERT M. HOGAN

DEPT	PR	DATE	OPERATION (INDICATE CHANGES IN OPERATION BY DATE)

ADDRESS (USE PENCIL):

HOME (NEAREST) PHONE NO.

DATE:

No Report -- Factory Injury Z					Sick or + Outside Injury					Excused ✓ Suspended O					Miscellaneous † Vacation (- Vac-)					No Work N Refused Overtime R					Work Stoppage W Legal Strike S					HOURLY RATE	DATE		
1973	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	
1974	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	

MISCELLANEOUS

9-22 Grand Jury

MISCELLANEOUS

9-22 Grand Day

A In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign, in case of Removal send cards to Employee Services Dept (Room 9), and in case of Transfer send cards to Factory Employment Dept When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific) _____								P.A.U.H.	Last Day Worked
1. _____									
2. _____									

B.	1 ABOVE AVER.	AVER	BELOW AVER.	UNSATIS-FACTORY	2 ABOVE AVER.	AVER	BELOW AVER.	UNSATIS-FACTORY	C. 1. Transfer or Exit Date	Code
Quality					✓				2. Transfer or Exit Date	Code
Quantity					✓				D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department						✓				
Adaptability					✓					
Safety						✓				
1. Recommended For Re-Employment? YES NO										
If NO Give Specific Reasons Below.										
Rated by: <i>W.A. Boyd</i>					Rating Reviewed by:					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the Items recorded on this card. Date _____										
EMPLOYEE'S SIGNATURE					ADDRESS					
2. Recommended For Re-Employment? YES NO										
If NO Give Specific Reasons Below.										
Rated by:					Rating Reviewed by:					
FOREMAN					GENERAL FOREMAN OR MANAGER					
I have read the Items recorded on this card. Date _____										
EMPLOYEE'S SIGNATURE					ADDRESS					

ATTENDANCE RECORD CARD 1977 1978

CARD #2 ORIGINAL LOST

5762-1478

B.D. 12-28-20

HOGAN, Robert M.

S.D. 1-5-48

DEPT	PR	DATE	OPERATION (INDICATE CHANGES IN OPERATION BY DATE)

ADDRESS (USE PENCIL):

HOME (NEAREST) PHONE NO.

DATE:

No Report - Factory Injury Z					Sick or + Outside Injury					Excused ✓ Suspended O					Miscellaneous + Vacation (- Vac-)					No Work N Refused Overtime R					Work Stoppage W Legal Strike S					HOURLY RATE	DATE		
1977	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
FEB.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MAR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
APR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MAY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
JUNE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
JULY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
AUG.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
SEPT.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
OCT.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NOV.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
DEC.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
1978	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
JAN.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
FEB.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MAR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
APR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MAY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
JUNE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
JULY	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
AUG.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
SEPT.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
OCT.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NOV.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
DEC.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

1-11-78

1-11-78

1-17-78

1-26

2-14

5-20-81

Bank Holiday

1978

MISCELLANEOUS
 1-11-78
 1-17-78
 1-26
 2-14
 1-9-78
 5-20-78
 1-17-78
 1-26
 2-14

BEFORE 1978 THE DOES NOT MEAN A LOSS OF PAY SHOWN BY THE PROPER SYMBOL, SATURDAY 1978

A In case of REMOVAL or TRANSFER complete in ink ALL ITEMS in Sections A and B and sign; in case of Removal send cards to Employee Services Dept (Room 9), and in case of Transfer send cards to Factory Employment Dept When card is TEMPORARILY sent to Employee Services Dept (Room 9) CHECK REASON (Use Pencil), Med. Restriction Pending Placement () Pregnancy Leave () Special Leave-of-Absence Until

Reason for Removal or Transfer (be specific)	P.A.U.H.	Last Day Worked
1.		
2.		

B	1. ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS. FACTORY	2. ABOVE AVER.	AVER.	BELOW AVER.	UNSATIS. FACTORY	C. 1. Transfer or Exit Date	Code
Quality	✓					✓			2. Transfer or Exit Date	Code
Quantity	✓					✓			D. Record below all Commendations, Reprimands, Suspensions and Special Notations. ALL NOTATIONS MUST BE DATED AND SIGNED.	
Department		✓				✓				
Adaptability		✓				✓				
Safety		✓				✓				

1 Recommended For Re-Employment? YES NO
If NO Give Specific Reasons Below.

Rated by: <i>J. J. J.</i> FOREMAN	Rating Reviewed by: <i>J. J. J.</i> GENERAL FOREMAN OR MANAGER
--------------------------------------	---

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS
----------------------	---------

2 Recommended For Re-Employment? YES NO
If NO Give Specific Reasons Below.

Rated by: <i>D. L. L.</i> FOREMAN	Rating Reviewed by: <i>W. Y. Y.</i> GENERAL FOREMAN OR MANAGER
--------------------------------------	---

I have read the items recorded on this card. Date _____

EMPLOYEE'S SIGNATURE	ADDRESS
----------------------	---------

1478

[illegible]

ROBERT M. HOGAN

DATE

MISCELLANEOUS

1629-76 Book B-7
12-16 Brown leather cover

[illegible][illegible]