

Graduate Student Employee Monthly Attendance and Leave Report

Name: _____

Supervisor: _____

Record of Absence for Month of: _____

No Chargeable Absence

Charge absence(s) as follows:

Report 1 day for each work day of absence.

Report in 1/4 day increments for partial day absences.

Dates Chargeable:

Type of Leave	Number of Days Used	Date(s) Used
Personal illness		
Illness or Death in Immediate Family		

Accrual Summary:

Beginning of Month Balance:	
Total Days Used:	
Subtotal:	
End of Month Balance:	

I here by certify that I was present and performed my work obligations as required throughout the month, excepting those absences noted above.

Graduate Student Employee Signature

Date

I hereby certify that this record of attendance is accurate to the best of my knowledge.

Graduate Student Employee Supervisor Signature

Date

Notes:

1. Maximum of 5 days leave for personal illness per academic year.
2. Sick leave accruals are not accumulative from one academic year to the next.
3. Leave for personal illness/illness or death in immediate family is earned in a lump sum of 5 days after the completion of one semester of state service, or its equivalent.
4. The above data must be supported by monthly attendance reports. These records are required to be kept by the department for at least 6 years subsequent to the date of certification.

Filing Instructions: This attendance form is to be filed with and maintained by the department employing the graduate student employee. In accordance with the SUNY retention Schedule, time and attendance records are to be maintained for 6 years following the employee's termination. Leave credits accrued and used each month must be posted to a semiannual time and attendance reporting form.