



Employee Name: _____ Report Period: _____
(Month/Year)

Person Number: _____ Employment: Full Time: Part Time:

Note: Full Time employees should report in days and quarter days. Part time employees should report in hours.

If you work part time, please indicate the times you **normally** work.

Monday From: _____ To: _____
 Tuesday From: _____ To: _____
 Wednesday From: _____ To: _____
 Thursday From: _____ To: _____
 Friday From: _____ To: _____

VACATION LEAVE

SICK LEAVE

ACCRUED HOLIDAYS USED

HOLIDAYS EARNED

FULL-TIME	
No. Taken: _____ Days.	Date(s) _____
No. Taken: _____ Days.	Date(s) _____
No. Taken: _____ Days.	Date(s) _____
No. Earned: _____ Days.	Date(s) _____

PART-TIME	
No. Taken: _____ Hrs.	Date(s) _____
No. Taken: _____ Hrs.	Date(s) _____
No. Taken: _____ Hrs.	Date(s) _____
No. Earned: _____ Hrs.	Date(s) _____

	Vacation Leave	Sick Leave	Holiday Leave
Bal. Brought Forward			
Credit Earned This Month			
Sub-Total			
Charges			
Balance Carried Forward			

Except for the absences noted above, I have been present as scheduled for this month.

_____/_____/_____
Employee Signature Date

_____/_____/_____
Project Director Signature Date

All Research Foundation Exempt Employees must complete this attendance report and submit the original to: **RF Human Resource Services, 120 Crofts Hall, North Campus**, within 10 days after the completion of the month.