



MONTHLY ATTENDANCE REPORT

Academic Year Academic Employees

Name _____ Month/Year _____

Report leave usage for the month by entering the appropriate symbol in the box for the date of any sick leave.

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	SL= Sick Leave FSL = Family Sick Leave								
TOTALS: SL _____ FSL _____									

NOTE: Signed and approved attendance reports should reach the Human Resource Office by the 15th of the month. If you have any questions regarding your leave accruals or attendance policies, contact the Human Resources Office at ext. 7325.

CERTIFICATION BY EMPLOYEE: *I hereby certify that the above time record was kept on a daily basis and is accurate to the best of my knowledge.*

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL