

Graduate Student Employee Monthly Attendance and Leave Report

Name: (Please Print) _____

Supervisor: _____

Record of Absence for the Month of: _____ semester # _____

 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 hereby certify that I was present and preformed my work obligation as required through the month, except for the days noted above.

Graduate Student Employee Signature
Date

Graduate Student Employee Supervisor Signature
Date
Notes:

1. Maximum of 5 days leave per academic year.
2. Sick Leave for personal illness or illness or death of immediate family is earned in a lump sum of 5 days **after the completion of one semester of state service or its equivalent.**
3. Sick leave accruals are not cumulative from one academic year to the next.

Complete your monthly attendance record by the 10th day of the next month. Your Supervisor must sign, and date and return to Payroll Services, 303 Maytum Hall