

CHECK ONE:

- NON-CONFIDENTIAL
- CONFIDENTIAL



MONTHLY ATTENDANCE REPORT

DEPARTMENT/AREA _____ MONTH OF _____ 20__

INSTRUCTIONS: Use this form to list either

- (1) ALL non-confidential administrative and faculty Personnel (send to the Department of Human Resources) or
- (2) Confidential administrative (send to the President's Office)
- (3) Include employee ID number

EMPLOYEE	STATUS Adm (A) Fac (F) Prof (P) Conf (C)	ID #	NUMBER OF DAYS ABSENT	DATES OF ABSENCES	REASON • VACATION • SICK • JURY DUTY • PERSONAL • OTHER - <u>Explain Fully</u> (e.g., maternity leave sabbatical, unexcused absence, suspended,

This report must be submitted by the 10th day of each month. A copy must be retained by the initiating department.

DIRECTOR/CHAIRPERSON

DATE

AREA HEAD

DATE