

**CHECK ONE:**☐ NON-CONFIDENTIAL☐ CONFIDENTIAL

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**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