

# STATE UNIVERSITY OF NEW YORK AT OSWEGO

Faculty and Professional Staff Record of Attendance for the month of \_\_\_\_\_ 20\_\_\_\_\_

FROM: EMPLOYEE'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NO CHARGEABLE ABSENCE(S) TO REPORT

CHARGEABLE ABSENCE(S) TO REPORT AS FOLLOWS

Please indicate by placing the proper symbol in the appropriate space below any absences  
for sick, vacation, holiday, workmen's compensation leave.

### LEGEND

V = Vacation Leave    S = Sick Leave    HW = Holiday Worked    HU = Holiday Used    WC = Workmen's Compensation Leave  
DRL = Deficit Reduction Leave    ML = Military Leave    JD = Jury Duty

DAYS OF THE MONTH																														
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

#### Record of Leave Accruals for FACULTY EMPLOYEES

ACCRUAL SUMMARY	SICK LEAVE
BALANCE: Beginning of Month	
Time Used During Month	
<b>SUB-TOTAL</b>	
Time Earned	
BALANCE: End of Month	

#### Record of Leave Accruals for all NTP STAFF and MANAGEMENT/CONFIDENTIAL

ACCRUAL SUMMARY	VACATION LEAVE	SICK LEAVE	HOLIDAYS	DRL LEAVE
BALANCE: Beginning of Month				
Time Used During Month				
<b>SUB-TOTAL</b>				
Time Earned				
BALANCE: End of Month				

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REVIEWED BY:  
DEPARTMENT CHAIRPERSON OR SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE