

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 ABSENCES 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
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	
SUB-TOTAL	
Time Earned	
BALANCE: End of Month	

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

ACCRUAL SUMMARY	VACATION LEAVE	SICK LEAVE	HOLIDAYS
BALANCE: Beginning of Month			
Time Used During Month			
SUB-TOTAL			
Time Earned			
BALANCE: End of Month			

EMPLOYEE'S SIGNATURE

DATE

REVIEWED BY:
DEPARTMENT CHAIRPERSON OR SUPERVISOR SIGNATURE

DATE