

**SUNY Oneonta
Graduate Student Employee
Monthly Absence Report**

To: Graduate Student Employee Supervisor: _____

From: Graduate Student Employee: _____

Re: Record of Absence for Month of: _____

No chargeable absence.

Charge absence (s) as follows:

*Report 1 day for each workday of absence

*Report ¼ day increments for part day absences on a given day(i.e., ¾, ½, ¼)

DATES CHARGEABLE

TYPE OF LEAVE	FULL DAYS (DATE)	PARTIAL DAYS (DATE & FRACTION)
<input type="checkbox"/> Personal Illness		
<input type="checkbox"/> Illness or Death in Immediate Family		

ACCRUAL SUMMARY

Beginning of month balance: _____

Time used during month: _____

Subtotal: _____

End of month balance: _____

I hereby certify that I was present and performed my work obligations as required throughout the month excepting those absences noted above.

Graduate Student Employee Signature Date

I hereby certify that this record of attendance is accurate to the best of my knowledge.

Graduate Student Employee Supervisor Signature Date

FILING INSTRUCTIONS: Please return this completed and signed form to the Human Resources Office, 208 Netzer Administration Building, by the 15th of each month.