Name **Student ID**

Department

Campus Address

UNIVERSITY AT ALBANY
State University of New York

MONTHLY ATTENDANCE REPORT
GRADUATE AND TEACHING ASSISTANTS

JANUARY/FEBRUARY 2024

S	M	T	W	T	F	S
21	22	23	24	25	26	27
28	29	30	31	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		

SICK LEAVE	
12/31/2017 Balance	
Amount Used	
2/28/2024 Balance	

Employee Signature Date

Supervisor Signature Date

APRIL 2024

S	M	T	W	T	F	S
	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				

SICK LEAVE	
3/31/2024 Balance	
Amount Used	
4/30/2024 Balance	

Employee Signature Date

Supervisor Signature Date

⇩ **MARCH 2024** ⇩

S	M	T	W	T	F	S
					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						

SICK LEAVE	
2/28/2024 Balance	
Amount Used	
3/31/2024 Balance	

Employee Signature Date

Supervisor Signature Date

⇩ **MAY 2024 - DUE 5/18/2024** ⇩

S	M	T	W	T	F	S
			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 H	28	29	30	31	

SICK LEAVE	
4/30/2024 Balance	
Amount Used	
5/31/2024 Balance	

Employee Signature Date

Supervisor Signature Date

DIRECTIONS
Graduate and Teaching Assistants

The State-GSEU ***Agreement*** states that:

Employees shall be required to certify their presence and record any absences on forms to be provided by the State.
Employees shall also be required to record on such forms any charges for leave or personal illness.
Leave for personal illness may be granted in units of one-quarter (.25) day or greater.

1. Please indicate your sick leave usage in the boxes provided on the reverse for the most recently passed month using the following format: **0 1 . 0 0**. Please also indicate the actual dates of leave use by entering an "S" (for sick leave) on the calendar included for each month. Partial days should be noted by entering the appropriate decimal (in increments of .25) followed by an "S" or attach an explanatory note if there is insufficient space to record your usage each month.

2. At the end of each month, you should sign and date the form certifying that you were present and performed your work obligations as required throughout the month, excepting those absences noted above.

3. The supervisor of each Graduate or Teaching Assistant should sign and date the form certifying that the record of attendance completed by the employee is accurate to the best of the supervisor's knowledge. The forms for each Graduate or Teaching Assistant should be retained in the department for the duration of the semester and should be returned to the Office of Human Resources Management**, UNIVERSITY ADMINISTRATION BUILDING, ROOM 300**, by the due date indicated for the final reporting period.

4. Following one semester of State service, Graduate or Teaching Assistants are allowed a maximum of five (5) days per academic year for personal illness at the discretion of her/his supervisor. Subject to prior approval of the employee's supervisor, some or all of the 5 days provided may be used for absences due to substantiated illness or death in the employee's immediate family (spouse, child, sibling, parent, grandparent, in-laws, or any person with whom the employee has been making his or her home). Such absences should be recorded on the calendar included for each month on the reverse as "FSL" (Family Sick Leave).

If you have questions regarding the completion of this report, please feel free to contact the Office of Human Resources Management at 437-4700.