

MONTHLY REPORT OF EMPLOYEE ATTENDANCE

PLEASE PRINT

Name: _____ Department: _____

Assignment %: _____ Hours Assigned: _____ Work Days: _____

Month: _____ Year: _____

Day	# of Hours Worked	# of Hours Absent	Absence Code	# of Hours Over Regular Assignment	# of Hours Towards Comp. Time	# of Hours to be Paid (Submit Timecard)
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						

CODES

Requires An Absence Report

- S** - Sick Leave
- N** - Personal Necessity Leave
- B** - Bereavement
- J** - Jury Duty
- M** - Military Leave
- P** - Personal Leave / No Pay (Board Approval)
- V** - Vacation
- I** - Industrial Accident
(Must be reported to human resources and immediate supervisor.)
- U** - Union Negotiations

Does Not Require Absence Report

- C** - Conference
- CT** - Compensatory Time
- H** - Holiday

	*Vacation Time	Comp. Time	Sick Leave
Balance Forward			
Earned			
Used			
New Balance			

*Vacation time may not be used during your first six months of employment.

PROCEDURE

Please keep a record of the total hours you work each day. Complete the number of hours absent (vacation, comp. time, sick leave, etc.) Complete the number of hours worked over regular assignment and indicate if you would like those hours applied to comp. time or to be paid. You are entitled to each of the holidays listed in the CSEA contract in proportion to your normal percentage of assignment.

Both employee and supervisor signatures verify the information on this form is true and accurate.

Employee's Signature

Supervisor's Signature