DEPARTMENTAL ATTENDANCE SHEET

This form is used to maintain accurate records of vacation, personal days, sick days, etc. taken by exempt Executives and Administrators. The form is to be completed each month and sent to the Office of Human Resources **no later than** the tenth (10th) calendar day of the following month. Each school/ department is to maintain a copy of the completed forms in their files.

Enter the name of each full-time exempt employee. For those who have absences from work, also enter the actual date taken in the appropriate column.

Each employee must sign in the column opposite his/ her name confirming that the dates and information are correct. The appropriate supervisor must sign confirming the accuracy of all of the information. Once the reports are received by the Office of Human Resources no changes or corrections may be made.

_____ _____

DEPARTMENT **MONTH / YEAR**

EMPLOYEE NAME	VACATION DATES	PERSONAL DATES	SICK DATES	OTHER DATES *	REQUIRED EMPLOYEE SIGNATURE

_____

Authorized Supervisor's Signature

_____

Date

*** Indicate in this column the dates and the reason as follows:**

CODES	
JD – Jury Duty	**LOA – Leave of Absence**
BR – Bereavement	**STD – Short-term Disability**
PD – President's Day	**AWP – Absent without Pay**