



TO: Human Resources Office

FROM: (Print Name) _____ Social Security # _____

RE: Professional Service Record of Attendance for the Month of _____

_____ No Chargeable absence

_____ Charge absence(s) as follows:

- Report 1 day for each whole workday of absence. Absences should be reported for each day that you were unavailable for work, irrespective of your class schedule.
- Report 3/4, 1/2, or 1/4 day for a partial absence on a given day.
- Sick leave used for family illness is limited to 10 days per year.

DATES CHARGEABLE					
ANNUAL LEAVE			SICK LEAVE		
FULL DAYS	PARTIAL DAYS (Indicate Fractions)	FULL DAYS		PARTIAL DAYS (Indicate Fractions)	
		Personal	Family	Personal	Family

Accrual Summary	Annual Leave	Sick Leave	* Holidays	Remarks
BEGINNING BALANCE				
Time Used				
SUB TOTAL				
Time Earned				
ENDING BALANCE				

*Holiday compensatory days should be scheduled at times mutually convenient to the employee and the College, and used within one year or forfeited. Annual leave and holidays are not applicable to 10 month faculty.

Date

Signature of Employee

Date

Signature of Supervisor

Please return to the Human Resources Office **no later than** 7 days following the end of the month.