

BINGHAMTON UNIVERSITY STATE UNIVERSITY OF NEW YORK FALL SEMESTER 2024 GRADUATE/TEACHING ASSISTANT ATTENDANCE AND SICK LEAVE RECORD B# Name(Last, First, M.I.)

Department/School

Faculty - Supervisor

Date of First Appointment as Graduate/Teaching Assistant

Please circle any dates on which sick leave or family sick leave was used, entering "Pl" for personal illness or "Fl" for family illness. Use 1 for each full day used, and the appropriate decimal (.25 .50 .75) for each partial day and tally as indicated. Your signature at the end of each month certifies your presence for the month, except on those days for which you indicated a charge to your accruals. At the end of each month, ask your faculty supervisor to confirm a review of your Attendance and Sick Leave Record by signing and dating the monthly record. Additional Information and instructions.

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				01	02	03			
04	05	06	07	08	09	10	**Sick Leave Used	Signature of Employee	Signature of Supervisor
04	05							Date	Date
11	12	13	14	15	16	17			
11	12	15	17	15		17			
18	19	20	21	22	23	24			
10	17	20			25	<u> </u>			
25	26	27	28	29	30	31			
		Sente	mber	· 2024	1				
S	M	T	W	202-	F	S			
01	02	03	04	05	06	07			
01		03	04				**Sick Leave Used	Signature of Employee	Signature of Supervisor
08	09	10	11	12	13	14	Slok Louve esed	Date	Date
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22	23	24	25	26	27	28			
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							** Sick Leave Used	Signature of Employee	Signature of Supervisor
06	07	08	09	10	11	12		Date	Date
13	14	15	16	17	18	19			
20	21	22	23	24	25	26			
27	28	29	30	31					
November 2024							**Sick Leave Used	Signature of Employee	Signature of Supervisor
S	М	Т	W	R	F	S		Date	Date
					01	02			
03	04	05	06	07	08	09			

10	11	12	13	14	15	16				
17	18	19	20	21	22	23				
24	25	26	27	28	29	30				
		Dece	mber	2024						
S	M	T	W	R	F	S				
01	02	03	04	05	06	07	** Sick Leave Used	Signature of Employee	Signature of Supervisor	
08	09	10	11	12	13	14		Date	Date	
15	16	17	18	19	20	21				
22	23	24	25	26	27	28				
29	30	31								
	<u>, </u>				<u>, </u>		<u>Semesi</u>	<u>ter Summary</u>		
						1	Sick Leave Initial Balance: ——	[As of Star	t of Semester]	
					**S	lick L	eave Used This Semester :	[From E	- [From Entries Above]	
							Sick Leave Final Balance: [As of End of Semester]		of Semester]	

At the end of the semeseter, forward your completed attendance and sick leave record form to the Office of Human Resources