

## BINGHAMTON UNIVERSITY STATE UNIVERSITY OF NEW YORK FALL SEMESTER 2024 GRADUATE/TEACHING ASSISTANT ATTENDANCE AND SICK LEAVE RECORD

Name(Last, First, M.I.)								B#	
Depa	artme	nt/Sc	hool					Faculty ——Supervisor ——	
Date	of Fi	irst A	ppoir	ntmer	nt as C	Gradu	ate/Teaching Assistant		
(.25 .: to you	e circle 50 .75) ir accru	for ead als. At	the en	ial day d of ea	sick le and tal ich moi	ave or ly as ir nth, ask	family sick leave was used, entering "PI" for idicated. Your signature at the end of each is your faculty supervisor to confirm a review	or personal illness or "FI" for family illness. Use month certifies your presence for the month, exce w of your Attendance and Sick Leave Record by	1 for each full day used, and the appropriate decimal ept on those days for which you indicated a charge signing and dating the monthly record. Additional
		Aug	gust 2	2024					
S	M	T	W	R	F	S			
				01	02	03			
04	05	06	07	08	09	10	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			
		Septe	mber	2024	1				
S	M	T	W	R	F	S			
01	02	03	04	05	06	07	di di		
08	09	10	11	12	13	14	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30								
	<u> </u>	Octo	ober 2	2024					
S	М	Т	W	R	F	S			
		01	02		04		**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					
				2024			**Sick Leave Used	Signature of Employee	Signature of Supervisor
S	M	T	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			
December 2024							1		
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							
	,		,	,	,		Compo	tor Summary	

## <u>Semester Summary</u>

Sick Leave Initial Balance: [As of Start of Semester]

\*\*Sick Leave Used This Semester: [From Entries Above]

Sick Leave Final Balance: [As of End of Semester]

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