

**BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK**

SPRING SEMESTER 2024 GRADUATE/TEACHING ASSISTANT ATTENDANCE AND SICK LEAVE RECORD

Name (Last, First, M.I.) _____ B# _____

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 "PI" for personal illness or "FI" 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.](#)

| January 2024 | | | | | | | | | | | | |
|---------------|----|----|----|----|----|----|--------------------------|--------------------------------------|--|--------------------------|--------------------------------------|--|
| S | M | T | W | R | F | S | | | | | | |
| | 01 | 02 | 03 | 04 | 05 | 06 | | | | **Sick Leave Used | Signature of Employee Date | Signature of Supervisor Date |
| 07 | 08 | 09 | 10 | 11 | 12 | 13 | | | | | | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | | | | | | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | | | | | | |
| 28 | 29 | 30 | 31 | | | | | | | | | |
| February 2024 | | | | | | | | | | | | |
| S | M | T | W | R | F | S | | | | | | |
| | | | | 01 | 02 | 03 | **Sick Leave Used | Signature of Employee Date | Signature of Supervisor Date | | | |
| 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 | | | | | | | | |
| March 2024 | | | | | | | | | | | | |
| S | M | T | W | R | F | S | | | | | | |
| | | | | | 01 | 02 | **Sick Leave Used | Signature of Employee Date | Signature of Supervisor Date | | | |
| 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 | | | | | | |
| 31 | | | | | | | | | | | | |
| April 2024 | | | | | | | | | | | | |
| S | M | T | W | R | F | S | | | | | | |
| | | | | | | | **Sick Leave Used | Signature of Employee Date | Signature of Supervisor 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 | | | | |
| May 2024 | | | | | | |
| S | M | T | W | R | F | S |
| | | | 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 | 31 | |

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**Sick Leave Used

Signature of Employee
Date

Signature of Supervisor
Date

Semester Summary

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