

DEPARTMENTAL FACULTY ATTENDANCE REPORT  
SUNY New Paltz

TO: Payroll

FROM: \_\_\_\_\_  
Department

Month of \_\_\_\_\_, 20\_\_.

PLEASE NOTE: Absences greater than 4 consecutive work days for illness are to be reported to the Benefits office by employee or department chair.

<u>Employee Name</u>	<u>Date(s) absent due to Illness or family illness</u>	<u>Number of Days Absent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all department faculty were present or available to work for the entire month, unless noted above.

I have not received a MONTHLY FACULTY ATTENDANCE REPORT for this month from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

**Please submit this form to Payroll no later than the 10<sup>th</sup> of the next month.**