**Monthly TA/GA (GSEU) Employee Attendance Report**

Name: ______________________________________ Department: ____________________________

Month of: ________________________, 20____ ***Due to Payroll no later than the 10th of the next month***

**Notes:**
1. A maximum of 5 days paid leave is earned following the completion of one semester of state service, or its equivalent.
2. *Leave accruals are not cumulative and cannot be carried over from one contract (academic) year to another.*
3. Leave may be used for personal illness, or illness or death in the employee’s immediate family.
4. See Article 18 of the Graduate Assistant contract for leave policy.
5. Monthly Attendance Reports are due each month September to May

[ ] No Chargeable Absence

[ ] Charge absence(s) as follows:
- Report 1 day for each work day of absence
- Report in ¼ day increments for partial day absences

Dates chargeable:

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Number of Days Used</th>
<th>Date(s) Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness or Death in Immediate Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accrual Summary (use only after leave is earned):

<table>
<thead>
<tr>
<th>Beginning of Month Balance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Days Used:</td>
</tr>
<tr>
<td>End of Month Balance:</td>
</tr>
</tbody>
</table>

I certify that I have been present and performed my work obligation during the month indicated, except for the dates noted above.

_________________________________ ________
Graduate Student Employee Signature Date

I certify that I have reviewed this report and find it correct to the best of my knowledge.

_________________________________ ________
Supervisor Signature Date