

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 10th of the next month.