

MONTHLY FACULTY ATTENDANCE REPORT  
SUNY New Paltz

Name \_\_\_\_\_ Department \_\_\_\_\_

Month of \_\_\_\_\_, 20\_\_\_\_. \*\*Due to Dept Chair by 5<sup>th</sup> of next month

Full Time\_\_\_\_\_ Part Time\_\_\_\_\_ (Check one)

**INSTRUCTIONS:**

If there were no absences and you were available to work for the full period of professional obligation all month, insert the word "none" in the space below. Otherwise, report 1 day for each whole workday absent and report partial days for absences ¼ day units (ex. .25, .50, .75)

Absences should be reported for each day (Monday through Friday) that you were unavailable for work irrespective of your class schedule and whether or not you were expected to be physically present on campus.

For further information please see the Faculty Attendance Reporting Policy.

Date(s) absent due to  
Illness or family illness

Number of  
Days Absent

I certify that I have been present and/or available to work during the month indicated, except for the dates noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Date

8/08