

**STUDENT TEACHER SUPERVISOR'S SEMESTER ATTENDANCE REPORT**

**SUNY New Paltz**

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

**INSTRUCTIONS:**

\*\*\*Complete the section below for each month in the semester

\*\*\*Submit to your department after all work for semester has been completed

If also teaching a class and being paid on a biweekly basis during the same semester as a Student Teacher Supervisor, a *Monthly Faculty Attendance Report* will instead be required.

Student Teacher Supervisors who are paid on a fee for service basis are not considered to be eligible employees for the purposes of accruing sick leave. Should you become ill during the semester and are unable to perform your contractual obligation, please contact Human Resources for assistance.

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Dates absent due to use of DRL - \_\_\_\_\_

**Month/Year** \_\_\_\_\_

I certify that I have been present and/or available and performed my work obligation during the month indicated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Month/Year** \_\_\_\_\_

I certify that I have been present and/or available and performed my work obligation during the month indicated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Month/Year** \_\_\_\_\_

I certify that I have been present and/or available and performed my work obligation during the month indicated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Month/Year** \_\_\_\_\_

I certify that I have been present and/or available and performed my work obligation during the month indicated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Month/Year** \_\_\_\_\_

I certify that I have been present and/or available and performed my work obligation during the month indicated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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I certify that I have reviewed this report and find it correct.

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