



OFFICE OF HUMAN RESOURCES (OHR)

1650 Bedford Avenue, Brooklyn, New York 11225

718-270-6910 (PHONE)

718-270-6909 (FAX)

ADMINISTRATIVE STAFF MONTHLY ATTENDANCE REPORT
(ECP, Classified Managerial)

Name (Please Print): _____

Social Security # (last 4 digits only): _____ **Department:** _____

Month: _____ **Year:** _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

For each day of the month, if working less than your scheduled hours, or taking time off, enter the appropriate code from those listed below to indicate how the time should be charged.

- A. Annual Leave
- B. Unscheduled Holiday
- C. FMLA Annual Leave
- J. Compensatory Time (See back)
- D. Sick Leave
- E. Bereavement Leave
- F. FMLA Sick Leave
- K. College Holiday
- G. Jury Duty
- H. Military Leave
- I. FMLA Leave w/o Pay

Employee’s Certification: I certify that the time entries on this record accurately and completely reflect my service to Medgar Evers College during the stated period.

Employee Signature

Date

Certification of immediate supervisor: I certify that the employee was in full attendance in accordance with the administrative calendar, except as noted above.

Supervisor Name

Supervisor Signature

Date