



OFFICE OF HUMAN RESOURCES (OHR)

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FULL-TIME FACULTY

INSTRUCTIONAL STAFF

MONTHLY ATTENDANCE REPORT

DEPARTMENT: _____

SEMESTER: _____

MONTH: _____

YEAR: _____

<u>Last Name, First Name</u>	<u>Social Security # Last 4 digits only</u>	<u>Days Absent</u>	<u>Dates of Leave</u>	<u>Type of Leave</u>

ON THE BASIS OF ABSENCES REPORTED TO ME, I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL LISTED FULL-TIME FACULTY OF THIS DEPARTMENT WERE IN FULL ATTENDANCE IN ACCORDANCE WITH THE ACADEMIC CALENDAR, EXCEPT AS NOTED ABOVE. *Indicates off campus professional participations

DEPARTMENT CHAIR/SUPERVISOR NAME (PLEASE PRINT)

SIGNATURE OF DEPARTMENT CHAIR/SUPERVISOR DATE