MEDGAR EVERS COLLEGE
THE CITY UNIVERSITY OF NEW YORK

OFFICE OF HUMAN RESOURCES (OHR)

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ADJUNCT FACULTY INSTRUCTIONAL STAFF

MONTHLY ATTENDANCE REPORT

DEPARTMENT

SEMESTER -

MONTH -

YEAR -

LAST NAME, FIRST NAME	SOCIAL SECURITY #	HOURS ABSENT	REMARKS

ON THE BASIS OF ABSENCES REPORTED TO ME, I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL LISTED ADUNCT FACULTY OF THIS DEPARTMENT WERE IN FULL ATTENDANCE IN ACCORDANCE WITH THE ACADEMIC CALENDAR, EXCEPT AS NOTED ABOVE.

*Indicate off campus professional participations

DEPARTMENT CHAIR / SUPERVISOR NAME (PLEASE PRINT)

SIGNATURE OF DEPARTMENT CHAIR / SUPERVISOR DATE

Revised 5/22/2017

* Send Original Timesheet to the Payroll Department via Inter-Office Mail.