

OFFICE OF HUMAN RESOURCES (OHR)



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ADJUNCT FACULTY	INSTRUCTIONAL STAFF
MON	NTHLY ATTENDANCE REPORT
PEPARTMENT	SEMESTER
MONTH	YEAR
LAST NAME, FIRST NAME	SOCIAL HOURS REMARKS SECURITY # ABSENT
	O ME, I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL LISTED ADUNCT FULL ATTENDANCE IN ACCORDANCE WITH THE ACADEMIC CALENDAR,
*Indicate off campus professional particip	pations
PEPARTMENT CHAIR / SUPERVISOR NAME	(PLEASE PRINT)
SIGNATURE OF DEPARTMENT CHAIR / SUPER	VISOR DATE