SUNY GENESEO
FACULTY SICK LEAVE REPORT

Please indicate in the date column those days in the month that you were sick and place your signature on the appropriate line. If you were present during the month, indicate with a "P" in column two and sign your name.

The Department Chairperson's signature at the end of this report indicates that to the best of his/her knowledge the sick leave information supplied by each member of the department is correct.

Please return this form by the tenth day of the next month to the Human Resources Office.

Month/Year:_____ Department:_____

Name	Date(s) of Illness	Signature

To the best of my knowledge this information is correct.

_____
Department Chairperson

For additional information on this policy, see the SUNY Geneseo Policies and Procedures Manual, Academic Affairs, subsection XIX.

Rev. 12/27/2007