

STATE UNIVERSITY OF NEW YORK AT GENESEO

**Statement of Attendance for Full-time Faculty**

**Department:**

**Date:**

All full-time faculty were present for the opening department meeting.

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Department Chair’s Signature

All full-time faculty were present for the opening department meeting except for the following:

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Department Chair’s Signature

**PLEASE RETURN THIS FORM TO THE HUMAN RESOURCE OFFICE AS SOON AS POSSIBLE.**