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**Graduate Student Employee Attendance Form**

Record of Absence for **Month** of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Student **Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Student’s **Supervisor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - No chargeable absence.
		- Charge absence(s) as follows: (Report in ¼ day increments)

 TYPE OF LEAVE DATES CHARGEABLE

* Leave for Personal Illness
* Leave for Illness or Death

 in Immediate Family

I hereby certify that I was present and performed my work obligations as required throughout the month, excepting those absences noted above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Graduate Student Employee Date**

I hereby certify that this record of attendance is accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Graduate Student’s Supervisor Date**

**Submit completed form to the Payroll Office no later than the tenth (10th) day of the month following the reporting month.**