

ATTENDANCE REPORT

Employee Name: (Please Print) _____

Date(s): (MM/DD/YY) _____

Reason(s) (please fill in the appropriate box):

BYRON-BERGEN FACULTY ASSOCIATION		
Leave Day		Indicate ½ day, 1 day, etc.
Bereavement, Jury Duty, Parenting Leave, Cancer Screening, Other _____ - Please specify		
Conference (off-site) or Workshop (on-site) Please specify _____		
Field Trip or Building Meeting (½ day or more) Please specify _____		

ALL OTHER STAFF		
Sick (Please specify Self = S or Family = F)		Indicate ¼ day, ½ day, 1 day, etc.
Personal		
Vacation		
Bereavement, Jury Duty, Parenting Leave, Cancer Screening, Other _____ - Please specify		
Conference (off-site) or Workshop (on-site) Please specify		
Unauthorized or Days Without Pay – Salary deduction (pre-approved as per association contract)		

Employee Signature

Supervisor Signature

This form is to be returned to Patty Gunio ASAP.
(This form does not supersede individual association contract language.)