

**GA/TA**

**BINGHAMTON UNIVERSITY  
STATE UNIVERSITY OF NEW YORK  
FALL SEMESTER 2017 GRADUATE/TEACHING ASSISTANT ATTENDANCE AND SICK LEAVE RECORD**

Name (Last, First, M.I.) \_\_\_\_\_

Department/School \_\_\_\_\_ Faculty Supervisor \_\_\_\_\_

Date of First Appointment as Graduate/Teaching Assistant \_\_\_\_\_

Please circle any dates on which sick leave or family sick leave as used, entering "PI" for personal illness or "FI" for family illness. Use 1 for each full day used, and the appropriate decimal (.25 .50 .75) for each partial day and tally as indicated. Your signature at the end of each month certifies your presence for the month, except on those days for which you indicated a charge to your accruals. At the end of each month, ask your faculty supervisor to confirm a review of your Attendance and Sick Leave Record by signing and dating the monthly record. Additional Information and Instructions

August 2017						
S	M	T	W	R	F	S
		01	02	03	04	05
06	07	08	09	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**\*\*Sick Leave Used**

Signature of Employee  
Date

Signature of Supervisor  
Date

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

September 2017						
S	M	T	W	R	F	S
					01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**\*\*Sick Leave Used**

Signature of Employee  
Date

Signature of Supervisor  
Date

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

October 2017						
S	M	T	W	R	F	S
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**\*\*Sick Leave Used**

Signature of Employee  
Date

Signature of Supervisor  
Date

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

November 2017						
S	M	T	W	R	F	S
			01	02	03	04
05	06	07	08	09	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**\*\*Sick Leave Used**

Signature of Employee  
Date

Signature of Supervisor  
Date

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

December 2017						
S	M	T	W	R	F	S
					01	02
03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**\*\*Sick Leave Used**

Signature of Employee  
Date

Signature of Supervisor  
Date

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

Semester Summary

Sick Leave Initial Balance: \_\_\_\_\_ [As of Start of Semester]

**\*\*Sick Leave Used This Semester :** \_\_\_\_\_ [From Entries Above]

Sick Leave Final Balance: \_\_\_\_\_ [As of End of Semester]

At the end of the semester, forward your completed attendance and sick leave record form to the Office of Human Resources