

**BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK
FALL SEMESTER 2023 GRADUATE/TEACHING ASSISTANT ATTENDANCE AND SICK LEAVE RECORD**

Name (Last, First, M.I.) _____ Bnumber _____

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 2023									
S	M	T	W	R	F	S			
		01	02	03	04	05	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date
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					
September 2023									
S	M	T	W	R	F	S	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date
					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			
October 2023									
S	M	T	W	R	F	S	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date
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							
November 2023									
S	M	T	W	R	F	S	**Sick Leave Used	Signature of Employee Date	Signature of Supervisor Date

