Graduate Student Employee Attendance Form

Record of Absence for Month of ________________________________

Graduate Student Employee _______________________________________

Graduate Student’s Supervisor ________________________________

1. Following one semester of State Service, Graduate Assistants are allowed a maximum of 5
   days per academic year of illness at the discretion of the supervisor and the President’s
   Designee. Subject to prior approval, some or all of the 5 days of leave may be used for
   absences due to the substantiated illness or death in the employee’s immediate family
   (spouse, child, sibling, parent, grandparent, in laws). Such absences should be recorded
   above as F for family sick leave and P for personal leave. These should be used in .25
   increments.

2. As a GA, you should note any chargeable sick leave absences and your hours worked and
   sign and date the form certifying that your timesheet is accurate. Your supervisor will sign the
   form and submit it to the Payroll/Human Resources office.

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

<table>
<thead>
<tr>
<th>TYPE OF LEAVE</th>
<th>DATES CHARGEABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave for personal illness</td>
<td></td>
</tr>
<tr>
<td>Leave for illness or death in</td>
<td></td>
</tr>
<tr>
<td>immediate family</td>
<td></td>
</tr>
</tbody>
</table>

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 (Human Resources) no later than the fifth (5th) day
of the month following the reporting month.