



EFMLEA ATTENDANCE RECORD FOR THE MONTH OF: _____

NAME: _____ V#: _____ Department: _____

This form must be returned to the Human Resources Office on the 1st working day of each month. Continue to submit your regular monthly time sheet or leave report for payroll purposes.

Instructions:

- Record the number of hours you were scheduled to work, but did not work, each day while on approved leave.
Do not record hours you were not scheduled to work while on approved leave.
If you are on intermittent leave you must submit this form even if "0" hours were taken in the month.
Please circle all hours taken associated with an on-the-job injury or condition for which you have filed a worker's compensation claim.
Please attach a copy of your regular monthly time sheet or leave report. (Faculty, attach your leave report if it's the end of the term.)

Normal Scheduled Days Off: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday

If telecommuting please identify telecommuting schedule: _____

LEAVE HOURS TAKEN:

Table with 31 columns (1-31) and 2 rows (Header, Data). Header row contains numbers 1-31 and 'Total'. Data row is empty.

Signature of Employee

Date

Signature of Supervisor

Date

Note to Supervisor: If you change the hours reported by the employee, please have your employee initial below in agreement to the change.

Employee Initials

Date