

SAMFORD UNIVERSITY

Human Resources Department

Attendance Report For Salaried Personnel

MONTH/YEAR

Complete this report at the end of each month and submit to your supervisor, who will in turn submit to the Payroll Office by the 10th of the following month.

Check one of the following:

I have no absences to report for this month.

I have the following absences to report for this month.

Please list total number of days for each category.

Dates of Absence	Vacation	Sick Leave * (Please specify)	Family Medical Leave	Bereavement**	Time Off Without Pay	Use this space to specify relationship for sick leave, bereavement leave or to list military leave or jury duty.
TOTAL DAYS:						

*For Sick please specify as follows:

Sick – Self

Sick – Illness in family (specify spouse, parent or dependent child)

** For Bereavement – specify relationship to deceased (attach obituary)

Check appropriate box:

F2 (12 Month Faculty)

F9 (9 Month Faculty)

FA (Faculty Administrative)

MN (Exempt Staff)

CC (Contract Coach)

Employee Name (Type or Print)

SUID

Signature of Employee

Signature of Supervisor