

MONTHLY FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE

FOR THE PERIOD FROM: _____ TO: _____

NAME: _____ DEPARTMENT: _____ TITLE: _____

SOCIAL SECURITY NO.: _____ LINE NO.: _____ ACCOUNT CODE: _____ FT PT If PT, % of FT _____

CHECK BOX AT RIGHT IF YOU ARE AN FLSA NON-EXEMPT (COVERED) EMPLOYEE REGULAR SHIFT FROM: _____ AM _____ AM
 PM TO: _____ PM

SECTION 1: (To be completed by all Faculty and NTP employees, including FLSA Non-Exempt (covered) employees, as applicable).
 I certify that I have been present and have met my professional obligation, as required, except for the absences indicated below:

ABSENCES (IF ANY):			CHARGE TO:					
FROM OR ON	TO	NO. OF DAYS	ANNUAL LEAVE	SICK LEAVE	FAMILY SICK LEAVE	OTHER	IN LIEU OF HOLIDAY	FMLA LEAVE

REMARKS: (CALENDAR YEAR EMPLOYEES SHOULD NOTE HERE A DAY PRESCRIBED BY LAW FOR THE OBSERVANCE OF A HOLIDAY ON WHICH THEY WERE REQUIRED TO BE PRESENT):

SECTION 2: (TO BE COMPLETED BY FLSA NON-EXEMPT (COVERED) EMPLOYEES ONLY)
 -REPORT OF ACTUAL HOURS WORKED IN EXCESS OF 40 HOURS/WEEKLY FOR FLSA NON-EXEMPT PROFESSIONAL EMPLOYEES-

I certify that, pursuant to the provisions of the Fair Labor Standards Act Amendment of 1985, I am an FLSA Non-Exempt Professional employee and, as indicated below, I have worked in excess of 40 hours per week to meet my professional obligation. (See back for additional instructions.)

DAY OF WEEK	DATE	TIME: FROM-TO	ACTUAL HOURS
TOTAL:			X 1.5
PREMIUM HOURS:			

SECTION 3:

 DATE SIGNATURE OF PROFESSIONAL STAFF MEMBER

I verify that with the exceptions noted, the leave and/or record of actual hours worked in excess of 40 hrs/weekly as indicated above are, to the best of my knowledge, accurate and complete:

 DATE SIGNATURE OF SUPERVISOR/CHAIRMAN/DIRECTOR

SECTION 4:
 (NOTE: The Official Record of Accrual Summary of Leave Credits is the record maintained by the Time & Attendance Unit. The space provided below is for recording your applicable accruals. The Supervisor is responsible for certifying the accuracy of the period of accrual activity before it is submitted to the Time & Attendance Unit.)

ACCRUAL SUMMARY OF LEAVE CREDITS					FMLA LEAVE TAKEN DURING CAL. YEAR	ACCUM. EMP. ORG. LEAVE
	ANN. LV.	SICK LV.	IN LIEU OF HOLIDAY	PREMIUM HRS. REPORTED IN SECTION 2		
1. BAL BROUGHT FWD					TOTAL PREV. USED	
2. TIME USED (-)						
3. SUB-TOTAL:						
4. TIME EARNED (+)					USED THIS PERIOD (+)	
5. NEW BALANCE					NEW TOTAL	

**INSTRUCTIONS FOR THE PREPARATION OF
THE FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE**

1. Complete all information asked for at the top of Form HSCB-0128 F468 R3 (4/94), formerly PR 105 Rev.
2. FLSA Non-Exempt (covered) NTP employees are to indicate their FLSA Non-Exempt status by placing a check mark in the box as requested at the top of the form.
3. Section 1 of this form is to be completed by all Faculty and NTP employees (including FLSA Non-Exempt employees).
4. Section 2 of this form is to be completed by all FLSA Non-Exempt (covered) employees ONLY, after having completed Section 1, and is to be used for the purpose of Reporting Hours Worked In Excess of 40 Hours Weekly. If more space is required, use plain bond paper, signed by employee and supervisor, and attach to HSCB-0128.
5. FLSA Non-Exempt (covered) employees reporting Actual Hours worked in excess of 40 hours weekly in Section 2, should record their "Time Earned" in Section 4, Line 4 under the heading "PREMIUM HOURS REPORTED IN SECTION 2." Premium Hours are Actual Hours in Excess of 40 hours weekly that have been converted at the rate of time and one half. Example: If the Actual Hours worked in excess of 40 hours weekly were 10, "Time Earned" in Section 4, Line 4 would be reflected as 15 hours.
6. The employee certifies that he/she has been present and has met his/her professional obligation, as reported in Sections 1 and 2, by dating and signing his/her signature in the space provided in Section 3.
7. The employee's supervisor, Department Chairman or Director verifies the accuracy of the information reported on this form by dating and signing his/her signature in the space provided in Section 3.
8. Once the Supervisor has signed Form HSCB-0128 F468 R3 (4/94), formerly PR 105 Rev., the original should be forwarded by the supervisors' office directly to Time & Attendance for processing. The original should not be returned to the employee. Of the remaining two (2) copies: one is to be kept on file by the employee's department; the other is for the employee's own record. Reports of Attendance are to be submitted no later than seven business days after the close of the month for which you are reporting.
9. The Accrual Summary Of Leave Credits provided in Section 4, at the bottom of the form, is to be filled in by the employee. The supervisor is responsible for certifying the accuracy of the current period of accrual activity before it is submitted to the Time & Attendance Unit. Official records of Leave Credits and Balances will be maintained by the Time & Attendance Unit. An Annual Statement of your Official Leave Balance as of December 31st will be prepared and provided to you by Time & Attendance following the close of the calendar year.
10. FMLA Leave may be charged to any available leave accruals.