5. NEW BALANCE

MONTHLY FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE

	<u> </u>	10021171	10 1111 111011	TOOKE KEI	<u> </u>				
		FOR THE PERIOD FROM:				TO:			
NAME:		DEPARTMENT			TITLE:	TITLE:			
SOCIAL SECURITY NO:_			FT PT If PT, %	of FT:	_				
CHECK BOX AT RIGHT IF YOU A	ARE AN FLSA NON-EXI	EMPT (COVERED) EM	IPLOYEE	REGULAR S	SHIFT FROM:	AM		AM	
SECTION 1:			, .	, .	oyees, as applicable. I certify				
ABSE	NCES (IF ANY):	oligation, as required, except for the absences indicated Y):		CHARGE TO:					
DATE FROM OR ON	<u>TO</u>	NUMBER OF DAYS	ANNUAL LEAVE	SICK LEAVE	FAMILY SICK IN LIEU OF LEAVE HOLIDAY	FMLA LEAVE	<u>DRL</u>	OTHER	
REMARKS: Calendar Year Er	mployees should list I	nere a day prescribe	d by law for the observa	nce of a HOLIDAY on	which they were required	to be present:	:		
SECTION 2:	TO DE COMPLET	ED DV EL CA NON	LEVENDT (COVEDED	EMBI OVEES ON	V				
REPORT OF ACTUAL HOU I certify that, pursuant to the provis to meet my professional obligation	RS WORKED IN EX	XCESS OF 40 HOU Standards Act Amendme al instructions.)	ent of 1985, I am FLSA Non	SA NON-EXEMPT PI	ROFESSIONAL EMPLO		d in excess of 40 h	nours per week	
DAY OF WEEK	DATE	FROM	TIME <u>TO</u>	ACTUAL # HOU	RS				
				TOTAL: X 1.5	= PREMIUM HOUR	RS:			
SECTION 3:									
DATE I verify that with the exceptions no	ted, the leave and/or red	cord of actual hours wor	rked in excess of 40 hrs/wee		NATURE OF PROFESS are, to the best of my knowled				
DATE				SIGNATURE OF	SUPERVISOR/ CHAI	R/ DIRECTO	R		
SECTION 4: NOTE: The Official Record of Adresponsible for certifying the accur					ce provided below is for recor	ding your applica	able accruals. The	: Supervisor is	
	AC ANN. LV	SICK LV.	IY OF LEAVE CREDIT	DRL	PREMIUM HRS. REPORTED IN SECTION 2	_	FMLA LEAVE TAKEN DURING CAL. YEAR	ACCUM. EMP.	
1. BAL BROUGHT FWD						TOTAL PREV. USED			
2. TIME USED (-)									
3. SUB-TOTAL:									
4. TIME EARNED (+)						USED THIS PERIOD (+)			
5. NEW BALANCE						NEW TOTAL			