

MONTHLY FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE

FOR THE PERIOD

FROM:

TO:

NAME:

DEPARTMENT

TITLE:

SOCIAL SECURITY NO:

FT

PT

If PT, % of FT:

CHECK BOX AT RIGHT IF YOU ARE AN FLSA NON-EXEMPT (COVERED) EMPLOYEE

REGULAR SHIFT FROM:

AM

TO:

AM

PM

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:

DATE FROM OR ON

TO

NUMBER OF DAYS

ANNUAL LEAVE

SICK LEAVE

FAMILY SICK LEAVE

IN LIEU OF HOLIDAY

FMLA LEAVE

DRL

OTHER

REMARKS: Calendar Year Employees should list 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 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

FROM

TIME

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/ CHAIR/ 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 CREDIT

ANN. LV

SICK LV.

IN LIEU OF HOLIDAY

DRL

PREMIUM HRS. REPORTED IN SECTION 2

TOTAL PREV. USED

FMLA LEAVE TAKEN DURING CAL. YEAR

ACCUM. EMP. ORG. LEAVE

1. BAL BROUGHT FWD

2. TIME USED (-)

3. SUB-TOTAL:

4. TIME EARNED (+)

5. NEW BALANCE