

SAMFORD UNIVERSITY

Human Resources Department

Attendance Report For Salaried Personnel Handout # - HR 108

MONTH/YEAR

Complete this report at the end of each month and submit to your supervisor, who will in turn submit to PAYROLL by the 15th 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 * <i>(Please specify)</i> | Family Medical Leave | Time Off Without Pay | Remarks |
|--------------------|----------|---|----------------------|----------------------|---------|
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| | | | | | |
| TOTAL DAYS: | | | | | |

***Describe sick leave as follows:**

- Sick leave – Self**
- Sick leave – Illness in family (specify either spouse, parent or dependent child)**
- Sick leave – funeral (specify relationship)**

Check appropriate box:

F2 (12 month faculty)

F9 (9 month faculty)

FA (Faculty administrative)

MN (Exempt staff)

CC (Contract coach)

Employee (Type or Print)

SUID

Signature of Employee

Signature of Supervisor