

Graduate Assistant Attendance Form

Graduate Assistant Name: _____
Month: _____
Year: _____
Department: _____

Completed timesheets must be forwarded by email to hr@buffalostate.edu by the 10th of the following month. Keep one copy in department for your records.

Notes:

1. A maximum of five (5) days paid leave is earned following the completion of one (1) semester of state service, or its equivalent.
2. Leave accruals are not cumulative and cannot be carried over from one contract (academic) year to another.
3. See Article 18 of the Graduate Assistant Employees Union (GSEU) contract for leave policy, <https://goer.ny.gov/state-university-graduate-student-negotiating-unit-gsnu-28>
4. Graduate attendance forms are available at hr.buffalostate.edu/forms.

Check one:

No chargeable absence(s).

Charge absence(s) as follows:

- Report 1 day for each workday of absence
- Report ¼ day increments for partial day absences on a given day (i.e., ¾, ½, ¼)

Type of Leave:	Date(s)	Increment Charged
Leave for personal illness	_____	_____
Leave for illness or death of immediate family	_____	_____

Leave Summary:

Beginning of Month Balance: _____
 Amount of Time used: _____
 End of Month Balance: _____

I hereby certify that I was present and performed my work obligations as required through the month, except for those absences noted above.

Graduate Assistant Signature

Date

I hereby certify that this record of attendance is accurate to the best of my knowledge.

Graduate Assistant Supervisor Name

Graduate Assistant Supervisor Signature

Date