**Graduate Assistant Attendance Form**

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| --- | --- |
| **Graduate Assistant Name:** |  |
| **Month:** | Select one |
| **Year:** | Select one |
| **Department:** |  |

**Completed timesheets must be forwarded by email to** [**hr@buffalostate.edu**](mailto: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.

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| --- | --- | --- | --- |
| **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.***

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| --- | --- | --- |
|  |  |  |
| Graduate Assistant Signature |  | Date |

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

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| --- | --- | --- |
|  |  |  |
| Graduate Assistant Supervisor |  | Date |