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

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, [www.goer.ny.gov/Labor\_Relations/Unions\_Units/cwagseu.cfm](http://www.goer.ny.gov/Labor_Relations/Unions_Units/cwagseu.cfm)
4. Monthly attendance forms are due each month, September to May. Graduate Assistant attendance forms are available at <http://hr.buffalostate.edu/forms>.

|  |
| --- |
| **Check one:** |
| [ ]  No chargeable absence(s).[ ]  Charge absence(s) as follows: • Report 1 day for each work day of absence • Report ¼ day increments for partial day absences on a given day (i.e., ¾, ½, ¼) |

|  |  |
| --- | --- |
| Type of Leave: | Dates Chargeable |
| full days (dates) |  | partial days (dates) |
| [ ]  Leave for personal illness |       |  |       |
| [ ]  Leave for illness or death of immediate family  |       |  |       |

|  |
| --- |
| Leave Summary: |
| Beginning of Month Balance:  |  |
| Time Used During:  |  |
| 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 |  | Date |

Graduate Assistant completes the form at the end of each month and electronically forwards (via e-mail) it to their supervisor. The supervisor will then electronically forward (via e-mail) the document to Human Resource Management, senecacl@buffalostate.edu.