

**ADMINISTRATIVE/PROFESSIONAL STAFF  
ATTENDANCE RECORD**

Name: \_\_\_\_\_ Department \_\_\_\_\_

 Please record time using the following codes: **B** = Bereavement    **I** = Family Illness Time    **S** = Sick    **V** = Vacation  
 \*If time off is covered under the Family Medical Leave Act (FMLA), use **F** in conjunction with Sick or Vacation time only (i.e., **S-F** or **V-F**)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>1st Quarter</b>	Jul.																															
	Aug.																															
	Sep.																															
<b>2nd Quarter</b>	Oct.																															
	Nov.																															
	Dec.																															
<b>3rd Quarter</b>	Jan.																															
	Feb.																															
	Mar.																															
<b>4th Quarter</b>	Apr.																															
	May																															
	Jun.																															

MONTH	VACATION LEAVE				SICK LEAVE			APPROVAL
	Beginning Balance	Earned	Used	Ending Balance	Days Granted	Used	Ending Balance	
<b>1st Quarter</b>	July							Employee Signature _____ Date _____
	August							
	September							Supervisor Signature _____ Date _____
<b>2nd Quarter</b>	October							Employee Signature _____ Date _____
	November							
	December							Supervisor Signature _____ Date _____
<b>3rd Quarter</b>	January							Employee Signature _____ Date _____
	February							
	March							Supervisor Signature _____ Date _____
<b>4th Quarter</b>	April							Employee Signature _____ Date _____
	May							
	June							Supervisor Signature _____ Date _____

 This form is to be submitted to your supervisor quarterly by **October 15, January 15, April 15 and July 15.**
**NOTE:** Upon supervisor approval of 3rd quarter record, please submit to ECS, 373 Wickes Hall, by **April 15.**