

Fisk University  
MONTHLY EMPLOYEE ATTENDANCE REPORT

Month & Year: \_\_\_\_\_ Department: \_\_\_\_\_

[illegible]

For each day of the month, if working less than your scheduled hours, or taking time off, enter the appropriate code and number of hours from those listed below to indicate how the time should be charged.

Annual Leave-AL	Sick Leave-SL	Floating Holiday – FH	Jury Duty-JD
Military Leave-ML	Bereavement Leave – BL	Professional/Business-Related Trips – PL	
Family Medical Leave – FMLA		Personal Leave (without pay) – PLWP	
Other			

Employee's Certification: *I certify that the time entries on this record accurately and completely reflected my service to Fisk University during the stated period.*

Name: Please Print	Signature	Date
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Certification of immediate supervisor: I certify that the employee was in full attendance in accordance with Fisk University's time and attendance policy, except as noted above.

Supervisor's Signature	Title	Date
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Activity Director	Title	Date
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Title III Director \_\_\_\_\_ Date \_\_\_\_\_