

**STATE UNIVERSITY OF NEW YORK**  
STATE COLLEGE OF OPTOMETRY

TO: Payroll Office

FROM: \_\_\_\_\_  
PLEASE PRINT

SUBJECT: Professional Service Record of Attendance for Month of \_\_\_\_\_ 20\_\_\_\_

No chargeable absence.

Charge absence(s) as follows:

- Report (**by date**) 1 day for each whole workday of absence. Absences should be reported for each day that you were unavailable for work, irrespective of your work schedule.
- Report 3/4, 1/2, or 1/4 day for a partial absence on a given day.
- Sick leave used for family illness is limited to 30 days per year.

DATES AND AMOUNTS OF ABSENCES CHARGED TO					
ANNUAL LEAVE			SICK LEAVE		
FULL DAYS	PARTIAL DAYS (Indicate Fraction)	FULL DAYS		PARTIAL DAYS (Indicate Fraction)	
		Personal	Family	Personal	Family
<b>ACCRUAL SUMMARY</b>			<b>ANNUAL LEAVE</b>	<b>SICK LEAVE</b>	<b>HOLIDAY LEAVE*</b>
Balance: Beginning of Month					
Time Used During Month					
SUB-TOTAL					
Time Earned					
BALANCE: End of Month					

\*Indicate Dates

This form should be **submitted** by the **10th** of the **month**, following the month being reported.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Please Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**NOTE: PLEASE PRINT YOUR NAME ON TOP OF SHEET**

If your name **DOES NOT** appear at the **TOP** of this sheet, it will be discarded!

**Distribution: White - Payroll    Yellow - Supervisor    Pink - Employee**