

HERBERT H. LEHMAN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

**TEACHING INSTRUCTIONAL STAFF MONTHLY
ATTENDANCE REPORT**

DEPARTMENT:

MONTH OF:

ABSENCES: (Report reasons for absences below)

NAME	DATES OF ABSENCE	ANNUAL LEAVE	SICK LEAVE	UNSCHEDULED HOLIDAY	OTHER

DATE

EMPLOYEE SIGNATURE

DATE

DEPARTMENT CHAIR/SUPERVISOR

