



## Office of Human Resources Departmental Attendance Report

Period Covered by the Report: Month \_\_\_\_\_ Year \_\_\_\_\_

With the exception of those listed below, all faculty members of the department have met their teaching requirements.

Last Name, First Name	Date(s) of Personal Illness	Class Schedule*

**\*Please indicate teaching schedule (i.e. M-W-F or T-Th, ect.), and return form to the Office of Human Resources no later than the fifth of the month.**

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date Submitted