

MONTHLY ATTENDANCE SUMMARY FORM

| Name: First MI Last Empl. ID/Rec#: Department: | | | | | | | | | | | | Month Year Collective Bargaining Unit: | | | | | | | | | | |
|--|------------|------------------|----------|----------|----------|----------|------|--------|-------|----------|-------|---|------|-------|----------|-------|---------|---------------|-------|-------|-----------|--|
| Empl.] | | | | | | | | | | Dept ID: | | | | | | | | | | | | |
| ATTEN | DANCE | E REPO | RTING | | | | | | | | | | | | | | | | | | | |
| Origina | al Subm | | equired | l when | submit | ting a c | orr | ectio | | | | | | | | No | Гime ′ | Taken | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | | 10 |) | 11 | | 12 | 13 | 1 | 4 | 15 | |
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| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 2 | 3 | 24 | 2: | 5 | 26 | | 27 | 1 | 28 | 29 | 30 | | 31 | | |
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| Correct | ted Sub | mittal (| comple | eted top | o line a | s origin | ally | y sub | mitte | d) | | | | | | No | Time | Taken | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | | 10 |) | 11 | | 12 | 13 | 1 | 4 | 15 | |
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| Code | s to be | used: | | | | | | | | | | | | | | | | | | | | |
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| (SF) (FL) | | Leave ral Lea | | nly* | | | | | | | | | | · · · | Г) ЛТ | | FO ta | ken / Leav | | : | | |
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| (A) | Abset | nce wi | thout | Officia | I Leav | e Grar | iteo | d (A' | WOL | _ – d | lock | (ted | | | | | | | | | | |
| Comm | ents: _ | | | | | | | | | | | | | | | | | | | | | |
| If there | is not a o | code to | fit your | situatio | n, pleas | e contac | t yo | our Pa | yroll | Tech | nicia | ın. | | | | | | | | | | |
| * Must | provide | e famil | y relati | onship | in Con | nment s | ect | ion. | | | | | | | | | | | | | | |
| ** Doc of the r | | | | | | | | the d | epart | men | t. Fo | or th | e pu | irpos | es c | of ve | rifyinş | g Milit | ary 1 | Leav | e, a copy | |

CERTIFICATION BY EMPLOYEES AND APPROPRIATE DEPARTMENT ADMINISTRATOR:

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

Employee Signature

Appropriate Administrator



MONTHLY ATTENDANCE SUMMARY FORM

Instructions for using Monthly Attendance Summary

The Monthly Attendance Summary can be used for these purposes:

1 – This form is used to submit corrected employee absences to Payroll for takes that cannot be submitted online through Absence Management. Reasons a correction would need to be submitted to Payroll would include:

- a. The correction is more than 3 months old
- b. A previously submitted absence was incorrectly submitted and approved

Example: Time reported on 11/04/2012 was submitted and approved Vacation Take but should have been submitted as Sick Take – Self. Since the time had already been approved, it would need to be corrected by Payroll.

Example:

ATTENDANCE REPORTING

Original Submittal (required when submitting a correction)

No Time Taken

| 1 | L | 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 |
|---|---|---|---|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | 8V | | | | | | | | 2S | | | | | | | | | | | | | | | | | | | |

Corrected Submittal (completed top line as originally submitted)

No Time Taken

| 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 |
|---|---|---|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | 8S | | | | | | | | 2S | | | | | | | | | | | | | | | | | | | |

If the document is used to submit a correction to time previously entered into Absence Management, then the document should be signed by the employee and the employee's manager or department chair and a copy sent to Payroll. The original should be retained in the department for five years as a source document for audit purposes.

2 - This form can be used as an internal department record. A department can choose to continue requesting that employees complete this form and provide it to the department timekeeper as a way for the timekeeper to verify time used and keyed data into the Absence Management system each month.