

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO SEPARATING ATTENDANCE FORM

****MUST BE FORWARDED TO THE PAYROLL DEPARTMENT (SH-103) PRIOR TO EMPLOYEES LAST DAY****

Name: _____ **Department:** _____ **Last Day Worked:** _____

Empl ID: _____ **Pos. No.:** _____ **Time Base:**
 Full time Part time Hourly

VACATION		PERSONAL HOLIDAY		Worked/ Earn	CTO	
Used	Balance	Used	Balance		Used	Balance

SICK LEAVE		DOCK		ADO-HOLIDAY CREDIT		
Used	Balance	Days	Hours	Worked/ Earn	Used	Balance

Month: _____ **Year:** _____

CURRENT MONTH ATTENDANCE TO DATE:

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	

Supervisor Signature

Date

Employee Signature

Date

Approved: _____
Dean/ Administrator

Date