

**Bronx Community College
Instructional / Professional Staff Monthly Time Report – Department/Division**

Department: _____ **Division:** _____ **Month:** _____ **Year:** _____

Name	Title	Sick Leave (S)			Annual Leave (A)			Unscheduled (U) **	Special Leave
		Dates	Days	Hours*	Dates	Days	Hours*	Dates	Dates

* Hours: Use 15-minute increments only. **Unscheduled = Full Day Only

On the basis of absences reported to me, I certify to the best of my knowledge all listed faculty and staff of this department were in full attendance in accordance with the academic calendar, except as noted above.

Signature of Department Chairperson/Vice President

Date

- For sick leave in excess of 5 consecutive workdays, an FMLA form, along with original medical documentation, must be submitted to HR.
- Special Leave for personal emergency: Use designated form.

Teaching Faculty: In calculating use of Sick Leave, start from the date of first absence and include all additional calendar days, exclusive of Saturdays, Sundays, and authorized holidays, until the date of return to duty.

Submit this report at the end of the calendar month, and no later the the 5th of each month