BARUCH COLLEGE

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

For every absence, indicate type of leave code (AL - Annual Leave, SL-Sick Leave, JD-Jury Duty, BL-Bereavement Leave, or OL - Other Leave) in the shaded box.

In the unshaded box, indicate the corresponding number of hours. If there were no absences taken by an employee during the month, please check the box above the employee's name.

NAME	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
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Report sick leave from the first day of absences and include all additional calendar days (exclusive of Saturdays, Sundays, official holidays and recesses) until the employee returns to work. Absences of more than five days require medical documentation, forms are available on the Human Resources web site

Completed time reports must be signed digitally or physically and e-mailed to the Office of Human Resources faculty time and leave coordinator, Robert Gerl at robert.gerl@baruch.cuny.edu

Prepared by: _____ **Approved by:** _____ **Date:** _____

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