North Colonie Central School District
Administrator Monthly Attendance Report

Name _____

Month _____ Year _____

Instructions: This form is to be completed the first work day following the month of attendance being reported. Indicate all accrued time usage for the month by completing the sections below. If no time was used, check the box at the bottom. Sign the completed form and forward to your immediate supervisor for review and signature.

Date(s) Used	Absence Code*	Comments	Amount of Time Used (record in 1/8th increments). 1 HR = 1/8		FOR HR USE
			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
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			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
			□ Full Day	□ Partial Day____/8	□
					BY ____
□ No usage in current month					

***Absence Codes:**	DS = Sick Leave		DF = Family Sick Leave
	DP = Personal Leave		DV = Vacation Leave
	SB = School Business		DB = Bereavement Leave
	DM = Cancer Screening		DO = Other (explain)

Employee Signature _____DATE _____

Immediate Supv Signature: _____DATE_____

Routing Instructions: Immediate Supervisor sends to HR