Board Of Cooperative Educational Services
Sole Supervisory District
Franklin-Essex-Hamilton Counties

12-MO.

MONTHLY REPORT OF ATTENDANCE – 12-MONTH EMPLOYEES

Name: _____ Report for the Month of: _____

Work Dates (including holidays)	Hours Worked	If Absent, State Reason

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____
Administrator/Supervisor

Instructions: Complete this form on the last working day of each month to report the days and hours worked. You must indicate during the month, the hours worked including approved overtime, and if absent, the reason(s). Regular holidays and vacations must be indicated, as well as absences for sickness, doctor's or dentist's appointments, cancer screening pursuant to Civil Service Law §159-b and §159-c, jury duty, appearance in court, death or serious illness of a member of the family (specify relationship), other (please specify). After completion of this form, please forward immediately to your Administrator/Supervisor for processing.

Compensation for time worked in excess of your approved work schedule will be made only if **prior authorization** has been granted.