



Faculty Sick Leave Record

For the Month of: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sick Leave																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days
Sick Leave																

Faculty Member's Certification: *I certify that the entries on this record accurately and completely reflect my service to John Jay College during the stated period.*

Name (please print)

Signature

Date

Department Chair's Certification: *I certify that the employee was in full attendance in accordance with the administrative calendar, except as noted above.*

Name (please print)

Signature

Date

Note: *(Cards must be forwarded to the Human Resources Office by the 10th day of the following month)*