

University of Illinois

Time and Attendance During a Strike Form

Form to be completed by the employee:

Represented Teaching Assistants and Graduate Assistants, whose position is covered by the Graduate Employees' Organization (GEO), who participated in the strike during their work hours will not be paid for the date(s) they miss. The employee is required to complete this form if work is missed for any reason during the strike. Represented Teaching Assistants and Graduate Assistants who are absent during the strike must complete the attached form and submit it to their supervisor or department administrator who handles HR matters. Supervisors and department administrators will document absences during the strike and must be prepared to follow-up with the employees who fail to submit the form. Any disputes related to the hours worked during a strike will be reviewed before a final determination is made. Laws and policies regarding the appropriate use of state resources require that you accurately report work hours. Failure to do so may result in disciplinary action. As previously stated, the following information must be completed if work is missed for any reason during the strike.

Question – Were your absences during the strike period a result of your choice to participate in the strike?

Yes ___ No ___

Please complete this portion if you are a Graduate Teaching Assistant:

If your answer to the question is **yes**, please document the number of days of the strike:

Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____
Date: _____	Full _____	Half _____

If your answer to the question is **no**, please provide a reason for your absence. (Note: if a bargaining unit member goes on strike and thereafter requests use of sick leave, use of sick leave will be denied.)

Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____

Please complete this portion if you are an Administrative Graduate Assistant:

If your answer to the question is **yes**, please document the number of hours and minutes (rounded to quarter of an hour) of work you missed on each day of the strike:

Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____
Date: _____	Hours Missed: _____	Minutes Missed: _____

If your answer to the question is **no**, please provide a reason for your absence. (Note: if a bargaining unit member goes on strike and thereafter requests use of sick leave, use of sick leave will be denied.)

Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____
Date: _____	Reason for Absence: _____

By signing this form, I acknowledge that information provided on this form is an accurate record of my time and attendance for the period of time in question. Furthermore, I understand that the University of Illinois will reduce my pay for any work missed as a result of my decision to observe the GEO's designated strike period as outlined above.

Employee Signature	Date	UIN (University Identification Number)
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By signing this form, I acknowledge that the information provided on this form is an accurate records of this employee's attendance for the strike period. (Note: An employee who refuses to complete or sign the form will be notified how much their pay will be docked if an investigation reveals that there is cause to do so.)

Supervisor Signature	Date	Department Head	Date
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