

**Time Record State University of New York at Morrisville**

For Classified Staff with Attendance Rules Coverage

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Period Ending: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_

Record hours "in" and "out" on a daily basis using quarter hour units.

Date	Day	In	Out	In	Out	Total Hours Worked	OVERTIME		TIME CHARGED FOR THIS PERIOD						
							Comp	Paid	AL	SICK LEAVE		PL	CT	HOLIDAY	
										PERSONAL	FAMILY			REGULAR	FLOATING
	Thurs														
	Fri														
	Sat														
	Sun														
	Mon														
	Tues														
	Wed														
<b>Week 1 Totals:</b>															

	Thurs														
	Fri														
	Sat														
	Sun														
	Mon														
	Tues														
	Wed														
<b>Week 2 Totals:</b>															
<b>GRAND TOTALS:</b>															

\*\*\* Time off charged against VL, SL, PL, CT, or HOL is considered as time worked for Overtime purposes

Accrual Summary	Ann. Leave	Sick Leave	Pers. Leave	Comp. Time	Regular Hol.	Floating Hol.	Remarks:
Balance Beginning of Period							
Time USED during Period							
SUB total							
Time EARNED this Period							
BALANCE End of Period							

I have examined the above entries and certify them to be correct

I hereby certify that hours and days indicated represent time worked by this employee; that charges to Vacation Leave, Sick Leave, Personal Leave, Compensatory Time or Holiday have my approval and that Overtime was indicated in order to perform essential duties of this office which could not be done during the normal office hours.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For Payroll Use Only			
Total Hours		Payroll #	TAS
Overtime		Check Date	