

Time Record Morrisville State College

Name: \_\_\_\_\_ Office \_\_\_\_\_ Period Ending \_\_\_\_\_ Neg Unit \_\_\_\_\_

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

2. If sick leave charges were for family indicate in FSL Column.

DATE	DAY	In	Out	In	Out	In	Out	Minutes Tardy	HOURS WORKED	Overtime		Time Charged This Period						
										Compensatory Time	Overtime	AL	SL	FSL	PL	Hol	Comp	
	Thurs										Overtime computed on a weekly basis only.							
	Fri.																	
	Sat.																	
	Sun.																	
	Mon																	
	Tues																	
	Wed																	
Weekly Totals																		

	Thurs									Hours worked over 37.5 but not over 40	Total Hours worked minus 40								
	Fri.																		
	Sat.																		
	Sun.																		
	Mon																		
	Tues																		
	Wed																		
Weekly Totals																			

Time off charged against AL, SL, PL is considered as time worked for Overtime purposes								Grand Totals										
Accrual Summary				Annual Leave (AL)		Sick Leave (SL)		Personal Leave (PL)		Holidays	Comp Time	Over 40 CT	Remarks					
Balance Beginning of Period																		
Time USED during Period																		
SUB Total																		
Time EARNED this Period																		
BALANCE End of Period																		

I hereby certify that hours and days indicated represent time worked by this employee; that charges to Annual Leave, Sick Leave, Personal Leave, Compensatory Time, or Over 40 CT have my approval and that Overtime was indicated in order to perform essential duties of this office which would not be done during the office hours and noted in the "Authorization for Overtime" form submitted.

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

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

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_