

**SUNY CORTLAND-DAILY TIME RECORD FOR HOURLY EMPLOYEES**

**NAME** \_\_\_\_\_

**LINE NO.** \_\_\_\_\_

**HOURLY RATE:** \_\_\_\_\_ **PAY PERIOD** \_\_\_\_\_ **TO** \_\_\_\_\_

**DEPT. NAME** \_\_\_\_\_

**DEPT. CODE** \_\_\_\_\_

**CERTIFIED BY:** \_\_\_\_\_

DEPARTMENTAL SUPERVISOR FUNDING APPROVAL

	DATE	EARNED				EARNED				USED						TOTAL HOURS							
		AM		PM		REG HRS	COMP TIME	HOL CASH	OVER 40 COMP TIME	OT	HOL COMP	SIGNATURE	VAC	SL	PL		COMP TIME	HOL					
M																							
TU																							
W																							
TH																							
F																							
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SU																							
TOTAL COLUMNS 1-11 FOR GRAND TOTAL		TOTALS				1	2	3	4	5	6							7	8	9	10	11	<b>GRAND TOTAL</b>

**ACCRUAL SUMMARY FOR A 2 WEEK PERIOD**

	VACATION	SICK LEAVE	PERSONAL LEAVE	COMP TIME	OVER40 COMP	HOL	FLOATING HOL	DATE
BALANCE FORWARD								
CREDITS EARNED								
COMP TIME EARNED								
SUB-TOTAL CHARGES THIS PERIOD								
BALANCE END OF PERIOD								

MAX 240 HRS

I CERTIFY THAT THIS IS A TRUE AND CORRECT ATTENDANCE AND ABSENCE RECORD OF THIS EMPLOYEE. ALL LEAVES TAKEN HAVE BEEN IN ACCORDANCE WITH THE N.Y.S. RULES OF ATTENDANCE; ALL OVERTIME EARNED HAD MY PRIOR APPROVAL AND EACH TARDINESS HAS BEEN NOTED.

**SUPERVISOR'S SIGNATURE**

**PAYROLL #**

**AMOUNT PAID**