

SUNY CORTLAND-DAILY TIME RECORD FOR CLASSIFIED STAFF (WITH VOLUNTARY REDUCTION IN WORK SCHEDULE)

PAY PERIOD _____ TO _____

NAME _____

LINE NO. _____

PRINT (LAST NAME, FIRST NAME, MIDDLE INITIAL)

EARNED

USED

	DATE	AM				PM				REG HRS	COMP TIME	EXT TIME	HOL CASH	OT	HOL COMP	SIGNATURE (FIRST INITIAL AND LAST NAME)	VAC	SL	PL	VR TIME	COMP TIME	HOL	TOTAL HOURS			
		IN	OUT	IN	OUT	IN	OUT	IN	OUT																	
TH																										
F																										
SA																										
SU																										
M																										
TU																										
W																										
TH																										
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W																										
TOTAL COLUMNS 1-11 FOR GRAND TOTAL						TOTALS																				
										1	2	3	4	5	6					7	8	9	10	11	12	GRAND TOTAL

ACCRUAL SUMMARY 2 WEEK PERIOD

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

PAYROLL USE ONLY

OVERTIME	
MEALS	
HOLIDAY	
EXTRA TIME	

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.

SUPERVISORS' SIGNATURE