

SUNY CORTLAND-DAILY TIME RECORD FOR CLASSIFIED STAFF (STANDBY)

PAY PERIOD _____ TO _____

NAME _____

LINE NO. _____

PRINT (LAST NAME, FIRST NAME, MIDDLE INITIAL)

USED

	DATE	AM				PM				REG HRS	STAND BY # OF SHIFTS	OVER 40 CT	HOL CASH	OT	HOL COMP	SIGNATURE (FIRST INITIAL AND LAST NAME)	VAC	SL	PL	HOL	TOTAL HOURS	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT													
TH																						
F																						
SA																						
SU																						
M																						
TU																						
W																						
TH																						
F																						
SA																						
SU																						
M																						
TU																						
W																						
TOTAL COLUMNS 1-9 FOR GRAND TOTAL		TOTALS																				
										1		2	3	4	5		6	7	8	9	GRAND TOTAL	

ACCRUAL SUMMARY 2 WEEK PERIOD

	VACATION	SICK LEAVE	PERSONAL LEAVE	OVER 40 COMP TIME	HOL	DATE	FLOATING HOL	DATE
BALANCE FORWARD								
CREDITS EARNED								
COMP TIME EARNED								
SUB-TOTAL CHARGES THIS PERIOD								
BALANCE END OF PERIOD								

MAX OF 120 HRS HRS CAN NOT BE TAKEN AS TIME OFF

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.

SUPERVISOR'S SIGNATURE