

SUNY CORTLAND-DAILY TIME RECORD FOR CLASSIFIED STAFF (PEF-STUDENT HEALTH)

PAY PERIOD _____ TO _____

NAME _____

LINE NO. _____

PRINT (LAST, FIRST MIDDLE INITIAL)

EARNED

USED

	DATE	AM				PM				REG HRS	HOL CASH	OT	HOL COMP	SIGNATURE (FIRST INITIAL AND LAST NAME)	VAC	SL	PL	VR TIME	PROF LEAVE	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 1-10 FOR GRAND TOTAL										TOTALS													
										1	2	3	4										

GRAND TOTAL

ACCRUAL SUMMARY 2 WEEK PERIOD

	VACATION	SICK LEAVE	PERSONAL LEAVE	VR TIME	HOL	DATE	FLOATING HOL	DATE	PROF LEAVE
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