

**SUNY CORTLAND-DAILY TIME RECORD FOR CLASSIFIED STAFF**

NAME \_\_\_\_\_

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

PAY PERIOD \_\_\_\_\_ TO \_\_\_\_\_

PRINT (LAST NAME, FIRST NAME, MIDDLE INITIAL)

	EARNED								USED					TOTAL HOURS								
	DATE	AM		PM		REG HRS	COMP TIME	EXT TIME	HOL CASH	OVER 40 COMP TIME	OT	HOL COMP	SIGNATURE (FIRST INITIAL AND LAST NAME)		VAC	SL	PL	COMP TIME	HOL			
TH																						
F																						
SA																						
SU																						
M																						
TU																						
W																						
TH																						
F																						
SA																						
SU																						
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TU																						
W																						
TOTAL COLUMNS 1-12 FOR GRAND TOTAL						TOTALS																
																						GRAND TOTAL

**ACCRUAL SUMMARY 2 WEEK PERIOD**

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

MAX OF 240 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.

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**SUPERVISORS' SIGNATURE**