

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

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

NAME \_\_\_\_\_

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

PRINT (LAST NAME, FIRST NAME, MIDDLE INITIAL)

	DATE	AM				PM				REG HRS	STAND BY # OF SHIFTS	OVER 40 CT	HOL CASH	OT	HOL COMP	SIGNATURE (FIRST INITIAL AND LAST NAME)	USED				TOTAL HOURS	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT								VAC	SL	PL	HOL		
TH																						
F																						
SA																						
SU																						
M																						
TU																						
W																						
TH																						
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SU																						
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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 240 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.

SUPERVISORS' SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_