SUNY CORTLAND-DAILY TIME RECORD FOR HOURLY EMPLOYEES

NAME _____ **DEPT. NAME** _____ **HOURLY RATE:** _____ **PAY PERIOD**_____**TO**_____

DEPT. CODE _____

C# _____

CERTIFIED BY: _____

DEPARTMENTAL SUPERVISOR FUNDING APPROVAL

		AM				PM				REG HRS	COMP TIME	EXT TIME	HOL CASH		OT	HOL COMP	SIGNATURE	VAC	SL	PL	COMP TIME	HOL	TOTAL HOURS
	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT														
M																							
TU																							
W																							
TH																							
F																							
SA																							
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SU																							

TOTAL COLUMNS 1-11 FOR GRAND TOTAL   TOTALS

| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 | 11 | **GRAND TOTAL** |

ACCRUAL SUMMARY FOR A 2 WEEK PERIOD

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

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   DATE

BUSINESS OFFICE USE

PAYROLL #   AMOUNT PAID