

**SUNY CORTLAND-DAILY TIME RECORD FOR HOURLY EMPLOYEES**

**NAME** \_\_\_\_\_

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

**HOURLY RATE:** \_\_\_\_\_ **PAY PERIOD** \_\_\_\_\_ **TO** \_\_\_\_\_

**DEPT. NAME** \_\_\_\_\_

**C#** \_\_\_\_\_

**DEPT. CODE** \_\_\_\_\_

**CERTIFIED BY:** \_\_\_\_\_

DEPARTMENTAL SUPERVISOR FUNDING APPROVAL

	DATE	AM				PM				EARNED						USED						TOTAL HOURS		
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG HRS	COMP TIME	EXT TIME	HOL CASH	OT	HOL COMP	SIGNATURE	VAC	SL	PL	COMP TIME	HOL			
M																								
TU																								
W																								
TH																								
F																								
SA																								
SU																								
M																								
T																								
W																								
TH																								
F																								
SA																								
SU																								
TOTAL COLUMNS 1-11 FOR GRAND TOTAL										TOTALS		1	2	3	4	5	6		7	8	9	10	11	<b>GRAND TOTAL</b>

**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.

<b>SUPERVISOR'S SIGNATURE</b>		<b>DATE</b>
BUSINESS OFFICE USE		
<b>PAYROLL #</b>	<b>AMOUNT PAID</b>	