PERIOD ENDING

Neg. Unit

PAY PERIOD #

C2504-502

TIME RECORD – STATE UNIVERSITY OF NEW YORK

1. Record hours "IN" and "OUT" on a daily basis using quarter hour units.

**PRIOR APPROVAL: Supervisors please initial all Comp. Time and Overtime

2. If Sick Lear	ve charges were	for family use, in	ndicate with	an "X" in FSL Colu	umn.			** OVER		TIME CHARGED THIS PERIOD								
DATE	DAY	IN	OUT	IN	OUT	IN	OUT	Minutes Tardy	Hours Worked	Compensatory Time	Paid Overtime	Lost Time	AL	SL	FSL	PL	CT	HL
	THURS.																	
	FRI.																	
	SAT.																	
	SUN.																	
	MON.																	
	TUES.																	
	WED.																	
	THURS.																	
	FRI.																	
	SAT.																	
	SUN.																	
	MON.																	
	TUES.																	
	WED.	7														J		
Hours worked over 37% but not over 40 = CT								Weekly Totals										
Total Hours worked minus 40 = 0T *Time off charged against AL, SL, PL or CT is considered as time worked for Overtime purposes.								Grand Totals										
								Iviais					1			\	Lewes was	<u> </u>
Accrual Summary				Annual Leave (AL)		Sick Leave (SL)		Personal Leave (P		Compensatory Holida Time (CT) Leave (I		L) Rema	Remarks:					
Balance Beginning of Period																		
Time USED during Period																		
SUB TOTAL																		
Time EARNED this Period												Anniv	Anniverșary Date:					
RALANCE: End of Period:												PL Da	te:					

I have examined the above entries and certify them to be correct.

I hereby certify that hours and days indicated represent time worked by this employee; that charges to Annual Leave, Sick Leave, Personal Leave or Compensatory Time have my approval and that Overtime was indicated in order to perform essential duties of this office which could not be done during the office hours and noted on the "Authorization for Overtime" form submitted.

Employee Signature

Date

Immediate Supervisor's Name (Please Print)

Supervisor's Signature

Date