

NAME _____ OFFICE _____ PERIOD ENDING _____ ANNIVERSARY DATE _____

TIME RECORD - SUNY INSTITUTE OF TECHNOLOGY

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

DATE	DAY	IN	OUT	IN	OUT	IN	OUT	Minutes Tardy	Hours Worked*	OVERTIME		TIME CHARGED THIS PERIOD							
										Comp. Time	Paid	AL	SICK LEAVE		PL	CT	HOLIDAY		
													Personal	Family			Regular	Floating	
	THURS																		
	FRI																		
	SAT																		
	SUN																		
	MON																		
	TUES																		
	WED																		
WEEKLY TOTALS																			

	THURS																		
	FRI																		
	SAT																		
	SUN																		
	MON																		
	TUES																		
	WED																		
WEEKLY TOTALS																			

* Time off charged against AL, SL, PL, CT, or HOL is considered as time worked for Overtime purposes.

GRAND TOTALS

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ACCRUAL SUMMARY	Ann. Leave	Sick Leave	Pers. Leave	Comp. Time	Regular Hol.	Floating Hol	REMARKS
Balance Beginning of Period							
Time USED during Period							
SUB TOTAL							
Time EARNED this Period							
BALANCE: End of Period							

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, Compensatory Time or Holiday 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.

Employee Signature

Immediate Supervisor

Title

Date

Date