SUNY HEALTH SCIENCE CENTER AT BROOKLYN

BI-WEEKLY ATTENDANCE & LEAVE ACCRUAL REPORT - CLASSIFIED SERVICE EMPLOYEES

1	EMPLOYEE'S NAME *(LAST, FIRST, MI)*	DEPT.	LINE NO.	ANNIV. DATES	VAC	PL	PERIOD BEGIN	PERIOD END
			NEG. UNIT					
2	TITLE	GRADE		BI-WEEKLY HOURS	☐ REGULAR 80		☐ REGULAR 75 ☐ HOURLY	REGULAR SHIFT ☐ DAY ☐ EVENING ☐ NIGHT
3	S.S. #		FUNCT. CODE					

EMP. INIT.	MONTH/ DATE	DAY	REGULAR HOURS IN	REGULAR HOURS OUT	REGULAR HOURS IN	REGULAR HOURS OUT	OVERTIME HOURS IN	OVERTIME HOURS OUT	OVERTIME HOURS IN	OVERTIME HOURS OUT	HRS. WORKED	OVERTIME CHECK BOX LEGAL HOLIDAY	OVERTIME ENTER NO. HRS. WORKED OVER-TIME	COMP TIME	PD. OVER TIME	TIME USED ANN. LEAVE	SICK LEAVE	FAM. SICK LV.	HOL. LEAVE	PERS. LEAVE	COMP TIME	EMP ORG. LV.	FMLA LEAVE
		THU																					
		FRI																					
		SAT																					
		SUN																					
		MON																					
		TUE																					
		WED																					
		THU																					
		FRI																					
		SAT																					
		SUN																					
		MON																					
		TUE																					
		WED																					
* Total Hours Worked and Time Used must at least equal Bi-Weekly Hours							**TOTALS**					**NOTE:** Overtime included in HRS WORKED											

4 I have examined the above entries and certify them to be correct. I agree with the accumulations reported on this form. Accrual Summaries shown as subject to review and correction by Payroll Office.

TITLE SIGNATURE OF EMPLOYEE DATE

5 I hereby certify that hours and days indicated represent time worked by the named employee; that charges to credits have my approval and that overtime indicated was at my request to perform essential duties which could not be done during regular hours and are noted on Authorization for Overtime forms submitted by me.

TITLE SIGNATURE OF SUPERVISOR DATE

6 **ACCRUAL SUMMARY OF LEAVE CREDITS**

PERIOD ENDING	TIME RECORD USE ONLY	ANN. LV.	SICK LV.	PERS. LV.	COMP. TM.	HOL. LV.	STATISTICAL PURPOSES ONLY	FMLA LV TAKEN DURING CAL. YEAR	ACCUM EMP. ORG. LEAVE
NOTE TO EMPLOYEE: Line 5 NEW BALANCE is your accumulated balance as of date shown above. Report any disagreement to Payroll.	1 BALANCE BROUGHT FWD.								
	2 TIME USED (-)						TOTAL PREV. USED		
	3 SUB-TOTAL:								
	4 TIME EARNED (+)						USED THIS PERIOD (+)		
	5 NEW BALANCE						NEW TOTAL		

TIME RECORD UNIT NOTES

"CERTIFICATION"
EXCEPTIONS ☐ DMC-PR-101 SENT
☐ NONE ☐ AS NOTED
PAYROLL REVIEW: INITIALS DATE