

SUNY DOWNSTATE MEDICAL CENTER						BI-WEEKLY ATTENDANCE & LEAVE ACCRUAL REPORT - CLASSIFIED SERVICE EMPLOYEES																													
1		EMPLOYEE'S NAME (LAST, FIRST, MI)							DEPT.			ANNIV. DATES		VAC		PL		PERIOD BEGIN		PERIOD END															
2		Title							GRADE		NEG. UNIT		REGULAR 80 BiWeekly Hours:			REGULAR 75		HOURLY		DAY EVENING NIGHT REGULAR SHIFT:															
3		S.S.#																																	
		MONTH/ DATE		DAY		Regular Hours				Overtime Hours				HRS. WORKED		OVERTIME			TIME USED																
						IN OUT		IN OUT		IN OUT		IN OUT				ENTER NO. HRS WORKED																			
						IN OUT		IN OUT		IN OUT		IN OUT		OVERTIM E COMP TIME PD. OVER TIME			ANNUAL LEAVE		SICK LEAVE		FAM SICK LV.		HOL. LEAVE		PERS. LEAVE		COMP TIME		EMP. ORG. LV		FMLA LEAVE		DRL		
				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 entities and certify them to be correct. I agree with the accumulations reported on this form. Accrula Summaries show as subject to review and correction by Payroll Office.										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.																							
		SIGNATURE OF EMPLOYEE					DATE					TITLE					SIGNATURE OF SUPERVISOR										DATE								
6		ACCRAUL SUMMARY OF LEAVE CREDITS															Time Rcord Unit Notes																		
		PERIOD ENDING		TIME RECORD USE ONLY				ANN. LV.		SICK LV.		PERS. LV.		COMP. TM		HOL. LV.		DRL (Deficit Reduction Leave)		FMLA LV TAKEN DURING CAL YEAR		ACCUM EMP. ORG. LEAVE													
		Note To Employee: Line 5 New Balance is your accumulated balance as of date show above.		1. BALANCE BROUGHT FWD.																															
				2. TIME USED (-)																															
				3. SUB TOTAL:																															
				4. TIME EARNED (+)																															
				5. NEW BALANCE																															
				CERTIFICATION																															
		EXCEPTIONS: DMC-PR-101 SENT AS NOTED																																	
		PAYROLL REVIEW: INITIALS: Date																																	