



Faculty Student Association of
DOWNSTATE
Medical Center

FSA EMPLOYEE BI-WEEKLY TIME SHEET & LEAVE ACCRUAL REPORT

EMPLOYEE'S NAME (LAST, FIRST, MI)		TITLE	Last 4 S.S.# XXX-XX-
DEPT.	FSA Acct to be Charged:	PERIOD BEGIN DATE:	PERIOD END DATE:

Check One: Part Time Full Time Check: Paid Hourly Paid Salary Manager/Exempt

MONTH/ DATE	DAY	Regular Hours				Overtime Hours (if applicable)			(if applicable) TIME USED	
		Time IN	Time OUT	Time IN	Time OUT	Total Reg Hours Worked	Time IN	Time OUT	TOTAL OT HRS. WORKED	ANNUAL LEAVE
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THU									
	FRI									
	SAT									
	SUN									

*Total Hours Worked and Time used must at least equal Bi-Weekly Hours: _____ Totals: _____

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

I certify that hours & days represent time worked by the named employee; that charges to credits have my approval, and that OT indicated was at my request to perform essential duties which could not be done during regular hours.

Employee Signature _____ DATE _____ Supervisor Signature; Printed Name: _____ DATE _____

LEAVE CREDITS ACCRUAL SUMMARY (if applicable to your position)				Payroll Office Notes and Certification
	ANNUAL LEAVE	SICK LEAVE	OTHER (if applicable)	
1. BALANCE BROUGHT FWD.				
2. TIME USED (-)				
3. SUB TOTAL:				
4. TIME EARNED (+)				
5. NEW BALANCE				

Note To Employee: Line 5 New Balance is your accumulated balance as of period end date. This becomes your NEXT FOLLOWING time sheet's "Balance Brought forward".

FSA Payroll Preparer Signature _____ DATE _____