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

	GRADE	NEG. UNIT	BiWeekly Hours:	REGULAR 80 ☐	REGULAR 75 ☐	HOURLY ☐	REGULAR SHIFT:	DAY ☐	EVENING ☐	NIGHT ☐
2 Title										
3 NY or SUNY #										

MONTH/ DATE	DAY	Regular Hours				Overtime Hours				HRS. WORKED	CHECK BOX LEGAL HOLIDY	OVERTIME ENTER NO. HRS WORKED			TIME USED								
		IN	OUT	IN	OUT	IN	OUT	IN	OUT			OVERTIME	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 correcton 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

ACCRUAL 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: ☐ None   ☐ DMC-PR-101 SENT   ☐ AS NOTED

PAYROLL REVIEW: INITIALS: _____ Date _____