



HOURLY FACULTY AND INDIVIDUAL REPORT OF TIME & ATTENDANCE

Section 1:	Contact #: _____
Name: _____ Department: _____ Title: _____	
NYS or SUNY No: _____ Pay-Period From _____ TO _____	

Section 2:

TIME USED

Date	IN	OUT	TOTAL Time	ANNUAL LEAVE	SICK LEAVE	HOLIDAY

Totals

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Section 3:

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.

DATE _____	Phone # _____	TITLE _____	SIGNATURE OF EMPLOYEE _____
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I hereby certify that the hours and days indicated represent time worked by the named employee, charges to credits have my approval.

DATE _____	TITLE _____	SIGNATURE OF SUPERVISOR/DIRECTOR/CHAIRPERSON _____
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Section 4:

(Note: The Official Record of Accrual Summary of Leave Credits is the record maintained by the Time & Attendance Unit. The space provided below is for recording your applicable accruals. The Supervisor is responsible for certifying the accuracy of the period of accrual activity before it is submitted to the Time & Attendance unit.)

ACCRUAL SUMMARY OF LEAVE CREDITS

TIME RECORD UNIT NOTES

PERIOD ENDING	TIME RECORD	ANN LEAVE	SICK LEAVE	HOLIDAY LEAVE	