



HOURLY FACULTY AND INDIVIDUAL REPORT OF TIME & ATTENDANCE

Section 1:	Contact #: _____
Name: _____	Department: _____ Title: _____
Social Security No: _____	Pay-Period From _____ TO _____

Date	IN	OUT	TOTAL Time	TIME USED		
				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	

INSTRUCTIONS
FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE
Form DMC-0128 R5 (5/13), formerly PR 105 Rev.

1. Complete all information asked for at the top of the form.
2. FLSA Non-Exempt (covered) NTP employees are to indicate their FLSA Non-Exempt status by placing a check mark in the box as requested at the top of the form.
3. Section 1 of this form is to be completed (hand written) by all Faculty and NTP employees (including FLSA Non-Exempt employees).
4. Section 2 of this form is to be completed (hand written) by all FLSA Non-Exempt (covered) employees ONLY, after having completed Section 1, and is to be used for the purpose of Reporting Hours Worked In Excess of 40 Hours Weekly. If more space is required, use plain bond paper, signed by employee and supervisor, and attach to DMC-0128.
5. FLSA Non-Exempt (covered) employees reporting Actual Hours worked in excess of 40 hours weekly in Section 2, should record their **“Time Earned” in Section 4, Line 4 under the heading “PREMIUM HOURS REPORTED IN SECTION 2.”** Premium Hours are Actual Hours in Excess of 40 hours weekly that have been converted at the rate of time and one half. Example: If the Actual Hours worked in excel of 40 hours weekly were 10, “Time Earned” in Section 4, Line 4 would be reflected as 15 hours.
6. The employee certifies that he/she has been present and has met his/her professional obligation, as reported in Section 1 and 2, by dating and signing his/her signature in the space provided in Section 3.
7. The employee’s supervisor, Department Chairman or Director verifies the accuracy of the information reported on this form by dating and signing his/her signature in the space provided in Section 3.
8. The Accrual Summary Of Leave Credits provided in Section 4 (bottom of the form); For each leave category, the Employee Fills in the number of days for:
 - Balance Brought Forward,
 - Time Used,
 - Time Earned.The form will then auto-calculate the Subtotal and New Balance rows.
The supervisor is responsible for certifying the accuracy of the current period of accrual activity before it is submitted to the Time and Attendance Unit. Official records of Leave Credits and Balances will be maintained by the Time and Attendance Unit. An Annual Statement of your Official Leave Balance as of December 31st will be prepared and provided to you by Time & Attendance following the close of the calendar year.
9. FMLA Leave may be charged to any available leave accruals.
10. Once the Supervisor has signed the form, the original should be forwarded by the supervisors’ office directly to Time & Attendance for processing. The original should not be returned to the employee. Make 2 photocopies: One copy of the form is to be kept on file by the employee’s department; a second photocopy is for the employee’s own record. Reports of Attendance are to be submitted no later than seven business days after the close of the month for which you are reporting.

State Payroll Office
718-270-1139
DMC MailStop 10
5-20-13