

MONTHLY FACULTY AND NTP INDIVIDUAL REPORT OF ATTENDANCE

FOR THE PERIOD FROM: _____ TO: _____

NAME: _____ DEPARTMENT: _____ TITLE: _____

SUNY # or NYS #: _____ FT PT If PT, % of FT: _____

CHECK BOX AT RIGHT IF YOU ARE AN FLSA NON-EXEMPT (COVERED) EMPLOYEE REGULAR SHIFT FROM: _____ AM TO: _____ AM
 _____ PM

SECTION 1: To be completed by all Faculty and NTP employees, including FLSA Non-Exempt (covered) employees, as applicable. I certify that I have been present and have met my professional obligation, as required, except for the absences indicated below:

ABSENCES (IF ANY):			CHARGE TO:						
DATE FROM OR ON	TO	NUMBER OF DAYS	ANNUAL LEAVE	SICK LEAVE	FAMILY SICK LEAVE	IN LIEU OF HOLIDAY	FMLA LEAVE	DRL	OTHER

REMARKS: Calendar Year Employees should list here a day prescribed by law for the observance of a HOLIDAY on which they were required to be present:

SECTION 2: TO BE COMPLETED BY FLSA NON-EXEMPT (COVERED) EMPLOYEES ONLY
 REPORT OF ACTUAL HOURS WORKED IN EXCESS OF 40 HOURS/WEEKLY FOR FLSA NON-EXEMPT PROFESSIONAL EMPLOYEES

I certify that, pursuant to the provisions of the Fair Labor Standards Act Amendment of 1985, I am FLSA Non-Exempt Professional employee and, as indicated below, I have worked in excess of 40 hours per week to meet my professional obligation. (See back for additional instructions.)

DAY OF WEEK	DATE	FROM	TIME TO	ACTUAL # HOURS
TOTAL:				
X 1.5				= PREMIUM HOURS:

SECTION 3:

DATE _____ SIGNATURE OF PROFESSIONAL STAFF MEMBER _____

I verify that with the exceptions noted, the leave and/or record of actual hours worked in excess of 40 hrs/weekly as indicated above are, to the best of my knowledge, accurate and complete:

DATE _____ SIGNATURE OF SUPERVISOR/ CHAIR/ DIRECTOR _____

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 CREDIT							FMLA LEAVE TAKEN DURING CAL. YEAR	ACCUM. EMP. ORG. LEAVE
	ANN. LV	SICK LV.	IN LIEU OF HOLIDAY	DRL	PREMIUM HRS. REPORTED IN SECTION 2			
1. BAL BROUGHT FWD						TOTAL PREV. USED		
2. TIME USED (-)								
3. SUB-TOTAL:								
4. TIME EARNED (+)						USED THIS PERIOD (+)		
5. NEW BALANCE						NEW TOTAL		