

SUNY Fredonia, New York 14063

Classified Hourly Employee Time Sheet

Hol. Comp. Time _ Hol. Paid Vacation Anniversary Date

Name

Personal Leave Date

Dept._ Line No.

Period:	to

Veteran_

Non-Veteran

Hrly. Rate Acct. No.

		Date	es	Recor	ACCRECATION AND PARTY.	In and O	ut Daily		REEL	Paid (a) Overtime	Time Intelligence	A PARKE		Holi	Holiday		ENTER TIME USED							
Day	Mo.	Day	In	Out	In	Out	In	Out	Total Worked		Comp (a) Overtime	Earned	Paid	Other	Vac.		Si	ck		Pers.	Hol. Hol. Reg. Float	Hol.	ОТ	Total Hrs. to be Paid
									TTOTAGG	O TOTALINIO	Overanie					R	F	В	WC		Reg.	Float	Comp	to be Paid
Sun.																								
Mon.																								
Tue.										-														
Wed.																								
Thur.																								
Fri.												1250											1	
Sat.																								
Sun.																								
Mon.																								
Tue.																								
Wed.									MENT															
Thur.																								
Fri.						E BA													F-W					
Sat.					-						Y Comment	ATTIC												
							TOTA	ALS:	THE SE															

Codes: R (Regular) F (Family) B (Bereavement) WC (Workers Comp.)

*Hourly employees are not eligible to accrue time until after they have completed 19 pay periods

(a) Memorandum signed by supervisor and vice president must be received by Human Resources Office before payment will be made for any overtime.

ACCRUAL SUMMARY	Vacation	Sick	Personal	Holiday Regular	Holiday Floating	OT Comp	FMLA Leave
Beginning Balance							
Earned This Period	S. ESECUTE FOR	TO PASSESS OF	SOME	STORY STATE	THE STATE	THE STATE OF	
Subtotal		CLASS PRIME	25 18 W			STATISTICS	
Credits Used							
Balance End Of Period							

EMPLOYEE USE								
Other Time Used:								
Military Leave Used _	(Dates)							
Organizational Leave U	(Dates)							
Worker's Compensatio								
Case #	Hours	Min.						
Jury Duty		(Dates)						

Employee Record of Holiday Comp. Earned									
Date Regular Date Floating									
Must be used within 1 year from date earned.									

FOR PAYROLL USE ONLY						
Overtime PP#	Date Pd					
Holiday PP#	Date Pd					
RGH PP#	Date Pd					
Amount #	Date Pd					

TIMEKEEPER USE ONLY	
Vacation Maximum Warning Sent Correction Notice Sent 7 yr. Notice Sent 19 PP Notice Sent	(Date) (Date) (Date) (Date)

Signatures: (Employee) (Supervisor) Certified Correct