SUNY CORTLAND-DAILY TIME RECORD FOR HOURLY EMPLOYEES

LINE NO.	LINE NO.				HOURLY RATE: PAY PERIOD			то			
DEPT. NAME											
DEPT. CODE					CERTIFIED BY:						
EARNED					DEPARTMENTAL SUPERVISOR FUNDING APPROVAL USED						
REG COI DUT HRS TIM	MP EXT ME TIME	HOL CASH	ОТ	HOL COMP	SIGNATURE	VAC	SL	PL	COMP TIME	HOL	TOTAL HOURS
1 2	2 3	4	5	6		7	8	9	10	11	GRAND TOTAL
2 WEEK PERIO				•	I CERTIFY THAT THIS IS A TRUE AND	CORRE	CT ATTE	NDANCE	E AND		
OMP TIME			FLOATING HOL DATE		ACCORDANCE WITH THE N.Y.S. RULES OF ATTENDANCE; ALL OVERTIME EARNED						
					HAD MY PRIOR APPROVAL AND EAC	H TARDII	NESS HA	AS BEEN	NOTED		
					SUPERVISOR'S SIGNA BUSINESS OFFICE USE	TURE		D/	ATE		
	DEPT. NAME DEPT. CODE REG CO UT HRS TIM	DEPT. NAME DEPT. CODE EARNI UT REG COMP EXT TIME TIME 1 2 3 2 WEEK PERIOD	DEPT. NAME DEPT. CODE EARNED TIME TIME CASH TIME CASH TIME CASH TIME TIME CASH TIME CASH TIME TIME CASH TIME TIME CASH TIME CASH TIME TIME CASH TIME CASH TIME TIME CASH	DEPT. NAME DEPT. CODE EARNED TIME TIME CASH OT TIME TIME TIME CASH OT TIME TIME TIME CASH OT TIME TIME TIME TIME CASH OT TIME TIME TIME TIME TIME TIME TIME TIME	DEPT. NAME DEPT. CODE EARNED TIME TIME CASH OT COMP TIME CASH OT COMP TIME TIME CASH OT COMP TO C	DEPT. NAME DEPT. CODE EARNED EARNED TIME TIME CASH OT COMP SIGNATURE SIGNATURE 1 2 3 4 5 6 2 WEEK PERIOD DAPT TIME HOL FLOATING HOL DATE ASSENCE RECORD OF THIS EMPLO-ACCORDANCE WITH THE N.Y.S. RUL HAD MY PRIOR APPROVAL AND EACH SIGNATURE 1 SUPERVISOR'S SIGNA BUSINESS OFFICE USE	DEPT. NAME DEPT. CODE CERTIFIED BY: DEPARTMENTAL SUPERVISOR EARNED TIME TIME CASH OT COMP SIGNATURE VAC VAC HOL SIGNATURE VAC TO COMP SIGNATURE VAC VAC TO COMP SIGNATURE VAC VAC TO COMP SIGNATURE VAC VAC VAC TO COMP SIGNATURE VAC VAC VAC VAC VAC VAC VAC VA	DEPT. CODE CERTIFIED BY: DEPARTMENTAL SUPERVISOR FUNDING EARNED UT REG COMP EXT HOL OT COMP SIGNATURE VAC SL HRS TIME TIME CASH OT COMP SIGNATURE VAC SL 1 2 3 4 5 6 2 WEEK PERIOD I CERTIFITY THAT THIS IS A TRUE AND CORRECT ATTE ABSENCE RECORD OF THIS EMPLOYEE ALL LEAVES ACCORDANCE WITH THE RYS. R RULES OF ATTENDA HAD MY PRIOR APPROVAL AND EACH TARDINESS HY SUPERVISOR'S SIGNATURE BUSINESS OFFICE USE	DEPT. NAME DEPT. CODE CERTIFIED BY: DEPARTMENTAL SUPERVISOR FUNDING APPROV USED TREG COMP EXT HOL OT COMP SIGNATURE VAC SL PL HRS TIME TIME CASH OT COMP SIGNATURE VAC SL PL I 2 3 4 5 6 7 8 9 2 WEEK PERIOD MP TIME HOL FLOATING APPROVAL AND EACH TARDINESS HAS BEEN SUPERVISOR'S SIGNATURE DEPT. NAME DEPT. NAME DEPARTMENTAL SUPERVISOR FUNDING APPROVAL VAC SL PL FLOATING APPROVAL AND EACH TARDINESS HAS BEEN SUPERVISOR'S SIGNATURE DATE DEPARTMENTAL SUPERVISOR FUNDING APPROVAL APPROVAL AND EACH TARDINESS HAS BEEN SUPERVISOR'S SIGNATURE DATE SUPERVISOR'S SIG	DEPT. NAME DEPT. CODE CERTIFIED BY: DEPARTMENTAL SUPERVISOR FUNDING APPROVAL USED WISED TIME TIME CASH OT COMP SIGNATURE VAC SL PL TIME NAME NAM	DEPT. NAME DEPT. CODE CERTIFIED BY: DEPARTMENTAL SUPERVISOR FUNDING APPROVAL USED VAC SL PL COMP HOL HRS TIME TIME CASH OT COMP SIGNATURE VAC SL PL TIME HOL