

**SCHENECTADY COUNTY COMMUNITY COLLEGE  
TIME AND LEAVE RECORD FOR PROFESSIONAL STAFF – FULL-TIME – Unrepresented**

Employee \_\_\_\_\_

Academic Affairs Workforce Development Student Affairs

Administration IT Strategic Initiatives and Planning

Department \_\_\_\_\_

Pay Period \_\_\_\_\_ to \_\_\_\_\_

Week of \_\_\_\_\_

College ID # \_\_\_\_\_

Day of the week	In	Out	Vacation	Sick	Personal	Holiday	Floating Holiday	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Week of \_\_\_\_\_

Day of the week	In	Out	Vacation	Sick	Personal	Holiday	Floating Holiday	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Accrual Summary:	Date	Vacation	Sick	Personal	Floating Holiday	Comments
Beginning of Period						
Used this Period						
<b>SUBTOTAL</b>						
Earned: 16 <sup>th</sup> of Month						
<b>End of Period TOTAL</b>						

I certify that the above is an accurate record of my daily attendance, time and credits.

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Printed Name \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_