

CLERICAL STAFF
SCHENECTADY COUNTY COMMUNITY COLLEGE
TIME AND LEAVE RECORD

Employee _____

Department _____

Title _____ ID# _____

Pay Period From _____ to _____

Date	In	Lunch		Out	Sick Leave		Personal	Vacation	Holiday	Comp	Other	Comment
		Out	In		W/Pay	W/O Pay						
Sun												
Mon												
Tue												
Wed												
Thu												
Fri												
Sat												

SUMMARY RECORD

	Date	Sick Leave	Vacation	Personal	Comp	
Beginning Balance						Reg. Hrs.: 35
Used						Overtime Hrs.:
Earned						
Floating Holiday		XXXXXXXXXXXX	(-/+)	XXXXXXXXXXXX	XXXXXXXXXXXX	
Ending Balance						Approved:

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

Employee _____

Approved by:
 Dept. Head or Supervisor _____

Date _____

Date _____