

CLERICAL STAFF - PART-TIME

SUNY SCHENECTADY COUNTY

COMMUNITY COLLEGE

TIME AND LEAVE RECORD

Employee _____ Department _____

Title _____ Pay Period From _____ to _____

College ID # _____

Date	In	Out	Lunch		Sick Leave		Personal	Vacation	Holiday	Comp	Other	Comment
			In	Out	W/Pay	W/O Pay						
Thursday												
Friday												
Monday												
Tuesday												
Wednesday												
Other												

SUMMARY RECORD

	Date	Sick Leave	Vacation	Personal	Comp	
Beginning Balance						Reg. Hrs.:
Used						Overtime Hrs.:
Earned						
Ending Balance						Approved:

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

Approved by:

Dept. Head or Supervisor _____

Employee _____

Date _____

Date _____