

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

Employee _____ Academic Affairs Workforce Development Student Affairs Administration IT

Pay Period _____ to _____ Contract: 10-month 12-month

Week of _____ College ID # _____

	In	Out	Vacation	Sick	Personal	Holiday	Travel	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Week of _____

	In	Out	Vacation	Sick	Personal	Holiday	Travel	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Accrual Summary:	Date	Vacation	Sick	Personal	Comments
Beginning of Period					
Used this Period					
SUBTOTAL					
Earned: 16 th of Month					
Floating Holiday		(-/+)	XXXXXXXX	XXXXXXXX	
End of Period TOTAL					

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

Employee: _____ Supervisor: _____

Date: _____ Date: _____