

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

Employee _____

Dean of: Academic Affairs Students Administration

Pay Period _____ 20____ to _____ 20____

Department _____

Week of _____ 20____

College ID # _____

	In	Out	In	Out	Personal	Comment
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Other						

Week of _____ 20____

	In	Out	In	Out	Personal	Comment
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Other						

Hours Worked:

Beginning of Period	
Worked This Period	
End of Period TOTAL	

Accrual Summary:

	Personal	Date
Beginning of Period		
Used this Period		
SUBTOTAL		
Earned this period (4 hours of Personal leave for every 80 hours of time worked)		
End of Period TOTAL		

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

Employee Signature _____ Date _____ Supervisor: _____ Date _____