

FARMINGDALE STATE UNIVERSITY OF NEW YORK

BI-WEEKLY ATTENDANCE LEAVE ACCRUAL REPORT  
CLASSIFIED SERVICE EQUIVALENT EMPLOYEES

EMPLOYEE'S NAME (LAST, FIRST, MI)			SOCIAL SECURITY NO.				LINE NO.		PAYROLL <input type="checkbox"/> State <input type="checkbox"/> Research	ANNV. DATES	VAC.	P.L.	PERIOD BEGIN	PERIOD END						
Title			BUDGET ACCT.				GRADE		NEG. UNIT	BI-WEEKLY HOURS** <input type="checkbox"/> REGULAR 80 <input type="checkbox"/> REGULAR 75 <input type="checkbox"/> HOURLY										
STATE Monthly Date	Day	RES FND Monthly/ Date	REGULAR HOURS				OVERTIME HRS.		Hours Worked	Box Legal Holiday	Overtime - Enter no. of hours			TIME USED						Worker's Comp. Leave
			IN	OUT	IN	OUT	IN	OUT			Standby on call	Comp Time	Paid OT	Annual Leave	Sick Leave	*Family Sick Lv.	Personal Leave	Comp. Time	* Emp. Org. Lv.	
	Thu																			
	Fri																			
	Sat																			
	Sun																			
	Mon																			
	Tue																			
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	Wed																			
	Thu																			
	Fri																			
** Total Hours Worked and Time Used must at least equal Bi-Weekly Hours.							<b>TOTALS</b>		NOTE: OT included in HRS. WORKED											
I have examined the above entries and certify them to be correct. I agree with the accumulations reported on this form. Accrual Summaries shown are subject for review and correction by the Payroll Office.									I hereby certify that hours and days indicated represent time worked by the named employee; that charges to credits have my approval and that overtime indicated was at my request to perform essential duties which could not be done during regular hours and are noted on Authorization for Overtime forms submitted by me.											
TITLE			SIGNATURE OF EMPLOYEE				DATE		TITLE						SIGNATURE OF SUPERVISOR				DATE	

ACCURAL SUMMARY OF LEAVE CREDITS							Statistical	Fam. Sick	Accum.	TIME RECORD UNIT NOTES	PAYROLL REVIEW
PERIOD ENDING	Time Record Use Only	Annual Leave	Sick Leave	Personal Leave	Comp Time	Holiday Comp Tm	Purposes Only	Leave Included in Sick Lv.	Emp. Org. Leave	HOLIDAY DATES:	INITIALS:
NOTE TO EMPLOYEE: Line 5 'New Balance' is your accumulated balance as of date shown above. Report any disagreement to Payroll.	1 Bal brought forward						Total Prev. Used				DATE:
	2 Time used (--)										
	3 Sub-total										
	4 Time earned (+)						used this period				
	5 New Balance						New Total				

\*For Recording purposes Family Sick Leave is charged to Sick Leave. Employee Organization Leave is recorded for statistical purposes only.