

STATE UNIVERSITY OF NEW YORK  
COLLEGE AT OSWEGO  
**TIME SHEET**

Name: \_\_\_\_\_ Period: FROM \_\_\_\_\_ THRU \_\_\_\_\_ 20 \_\_\_\_\_

Department: \_\_\_\_\_ Bldg. & Room # \_\_\_\_\_

| DATE   | REGULAR HOURS |              |    |     | ADDITIONAL HOURS |     |       |               | IIP | LEAVE TAKEN |      |               |          |         |  |  |  |
|--------|---------------|--------------|----|-----|------------------|-----|-------|---------------|-----|-------------|------|---------------|----------|---------|--|--|--|
|        | IN            | LUNCH<br>OUT | IN | OUT | IN               | OUT | COMP. | PREM.<br>O.T. |     | VACATION    | SICK | COMP.<br>TIME | PERSONAL | HOLIDAY |  |  |  |
| THURS. |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| FRI.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| SAT.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| SUN.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| MON.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| TUES.  |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| WED.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| THURS. |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| FRI.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| SAT.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| SUN.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| MON.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| TUES.  |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
| WED.   |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |
|        |               |              |    |     |                  |     |       |               |     |             |      |               |          |         |  |  |  |

**ACCRUAL SUMMARY**

**REMARKS:**

| APPOINTMENT DATE<br>_____  | VACATION |   | SICK LEAVE |   | COMP. TIME |   | PERSONAL LEAVE |   | HOLIDAY LEAVE |   | FLOATING HOLIDAY |   |
|----------------------------|----------|---|------------|---|------------|---|----------------|---|---------------|---|------------------|---|
|                            | HRS      | M | HRS        | M | HRS        | M | HRS            | M | HRS           | M | HRS              | M |
| BALANCE BROUGHT FORWARD    |          |   |            |   |            |   |                |   |               |   |                  |   |
| CREDITS EARNED THIS PERIOD |          |   |            |   |            |   |                |   |               |   |                  |   |
| SUB-TOTAL                  |          |   |            |   |            |   |                |   |               |   |                  |   |
| CHARGES THIS PERIOD        |          |   |            |   |            |   |                |   |               |   |                  |   |
| BALANCE CARRIED FORWARD    |          |   |            |   |            |   |                |   |               |   |                  |   |

*Certified Correct:*

\_\_\_\_\_ EMPLOYEE

\_\_\_\_\_ SUPERVISOR